

UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Ernesto A. Ramirez,

pro se, Plaintiff,

Case No. 1:18cv 2208  
TRIAL DEMANDED

vs.

FILED  
SCRANTON

United State of America,

Defendant.

NOV 14 2018

COMPLAINT FOR A CIVIL CASE

PER

DEPUTY CLERK

**Preliminary Statement**

This is a civil action suit filed by Ernesto Alonzo Ramirez (pro se), a federal prisoner, for damages under the FTCA 28 U.S.C. § 1346 (b), or any other statute which may be applicable. This law suit is based on a salmonella food poisoning suffered by Plaintiff while housed in U.S.P. Lewisburg, PA. Since Plaintiff is not well versed with federal law, and is entering as a pro se litigant, I invoke Haines v. Kerner, and any or all rights that are established by the United States Constitution.

**Jurisdiction**

1. This Court has jurisdiction over Plaintiff's claims under 28 U.S.C. § 1346 (b), or any other federal statute this Court may deem appropriate under the FTCA.
2. Under 28 U.S.C. § 1346 (b) the law that applies to a FTCA claim is the law of the place where the negligent or wrongful act or omission occurred. 28 U.S.C. § 1402 (b). Therefore, this is the proper U.S. District Court to hear the claim. FTCA claims are based on the law of the state where the tort occurred. Neither federal statutes nor the U.S. Constitution create a cause or action under the FTCA. Thus, even though a federal inmate is filing a federal tort claim for actions committed by federal employees, the federal inmate must research the tort law of the place where the conduct took place. *Mol v. U.S.*, 502 U.S. 301, 305 (1992); *Kruchten v. U.S.* 914 F. 2d 1106 (8<sup>th</sup> Cir. 1990). The only exception is 18 U.S.C. § 4042 (duties of the Bureau of Prisons). Violations of duty under this federal statute are actionable under the FTCA even if state law would not permit suit. United States v. Muniz, 374 U.S. 150, 164,-65. (1993).

**The Parties to this Complaint**

- (A.) The Plaintiff: Ernesto A. Ramirez  
Federal Prison Reg No: 81642-079  
USP Lewisburg SMU  
P.O. Box 1000  
Lewisburg, PA 17837
- (B.) The Defendant: United States of America; District Attorney;  
United States Attorney General

**Exhaustion of Remedies**

In order for this Court to allow Plaintiff to proceed with the law suit, Plaintiff must file an Administrative Claim with the federal agency. 28 U.S.C. § 2675 (A). According to the Code of Federal Regulations (C.F.R.), an Administrative Claim must:

- (A.) be in writing
- (B.) state a claim for money damages in a sum certain, and
- (C.) provide sufficient information to enable the agency to investigate.

28 C.F.R. § 14.2, 14.4; SEE ALSO 28 U.S.C. § 2675.

Plaintiff will now establish in a chronicle order the exhaustion of remedies with dates and references.

1. From January 01 – August 12, 2017, Plaintiff filed a BP-8, BP-9, BP-10 and finally a BP-11 under the B.O.P.'s grievance remedy system. (See attachment of latest Administrative Remedy date 8-12-2017)
2. On February 04, 2018, Plaintiff filed as mandated the standard Form 95 under the FTCA. The form was sent along with medical records and a Declaration of Facts to both Central Office and the Regional Counsel via certified mail. Certified No: 7016-1970-0000-6936-8537. (See attachments of the Form 95, medical records and certified mail receipt.)
3. On April 17, 2018, Actin Regional Counsel, Joyce M. Horikawa sent Plaintiff a letter acknowledging receipt of the FTCA 95 Form. Claim No: TRT-NER-2018-03995. (See attachment letter.)
4. On June 04, 2018, Regional Counsel Darrin Howard sent Plaintiff a certified letter (No: 7013-0600-0001-9910-2797) with an offer of one hundred U.S. dollars (\$100.00). Along with his letter, attached was a FMS Form 197 voucher for payment, Claim No: 2018-03995. (See attached copies.)

The amount of \$100.00 U.S. dollars will not be acceptable for settlement. Therefore, Plaintiff brings suit against the United States.

The Federal Bureau of Prisons can access all these records on the BOP "NERO" computerized database known as Content Manager, which is designated to track information about administrative claims by federal prisoners.

Plaintiff is within the FTCA statute of limitations which is within the two years that the injury took place. In this instant case, November 25-28, 2016 for the food that was tainted with salmonella bacteria. This causing food poisoning to which Plaintiff suffered excruciating pain and symptoms which included headaches, diarrhea, abdominal pains, nausea, chills, vomiting, inability to eat, sleep and profuse sweating. And due to the excessive 20 to 30 bowel movements a day, Plaintiff suffered form a colon rectal-prolapse. (See medical files.) The BOP has not denied the negligence by this administration on this salmonella case. Records will indicate that instead of denying it, the BOP have settled with all the inmates who were exposed and filed a 95-Tort Form. These settlements range from \$100.00 to \$1,000.00 U.S. dollars.

#### **STATEMENT OF CLAIM**

##### **I. Facts in Chronicle Order**

1. I am a federal prisoner house by the BOP in U.S.P. Lewisburg, Pennsylvania since October of 2016. Inmate Reg. No: 81642-079.
2. Upon my arrival I was sent to C-Block.
3. On late November of 2016 my cellmate Adam Archega and myself ate food served by this prison that was contaminated with salmonella. On these days we started with stomach pains. Within a day we began to get worse with symptoms of diarrhea, sweats, chills, body and bone aches, vomiting, loss of appetite, headaches, and fever.
4. On November 28, 2016 we notified the range officer that something was completely wrong with our health. An hour later a nurse came and said, "Just drink water. It is more than likely the flu." We advised both the nurse and range officer that we were having bowel movements every 5 to 10 minutes with continuous vomiting. Because of this matter, feces would remain inside the toilet due to the fact that only 2 flushed are allowed every 5 minutes or 3 flushes ever 30 minutes. Only X-Block Unit has timers set up for toilet flushes. This created a safety hazard. NOTE: X-Block Unit is the one used to place all inmates on quarantine status. (See medical file.)
5. On November 29, 2016 we were seen by RN-Lori Hartzel. She took our vital signs through the food slot. All she said was, "drink plenty of water."

6. Later on during the day of November 29, 2016 we were ordered to pack up our property because we were getting moved from the 2<sup>nd</sup> floor to the 1<sup>st</sup> floor for quarantine status. The facility was placed in lock-down status due to this infectious gastroenteritis and colitis unspecified, A09. (See records and memos by staff.)
7. On November 30, 2016 medical staff would pass and check all vital signs through the food slots. This very same day food service stopped serving regular meals. For over two weeks we were given paper bags that contained:
  - a. Breakfast: milk, cereal, bread and fruit
  - b. Lunch: peanut butter/jelly, bread, pastry
  - c. Dinner: bologna/cheese, bread, pastry, chips
8. On November 30, 2016 I continued to experience days of having around twenty bowel movements of diarrhea and throwing-up. During a bowel movement, I noticed that there was a lump popping out of my rectum. I was in shock and explained to the medical staff of my discomfort to the best of my ability. I felt weak and very ashamed to describe this very personal issue. I was told that it could be a hemorrhoid and it would get better once the diarrhea and other symptoms would clear up. I advised them of the pain I was experiencing. I was given Tylenol, Pepto-Bismol and suppository tablets to be placed inside my rectum. None of this helped.
9. On or about December 1, 2016 all inmates were given two gallons of water mixed with Gatorade powder. These issues were given every other day for a week.
10. From December 2, 2016 through December 6, 2016 me and my cellmate were taken out of the cell because we could hardly talk or stand up. We were escorted to medical and placed on a gurney for further evaluations. My cellmate was given an IV (saline). Even though my vital signs were abnormal it was determined I did not need saline, but was told to keep a close eye on me. I asked medical staff what was wrong with our health and they said, "we don't know." While in medical a PA came in and gave me a stool cup. Moments later Dr. Edinger came in and made an announcement, "just got a call from central health and they said that we stop sending stool cups." I was ordered to return the stool cup.
11. To the best of my recollection the last time I was seen by any medical staff for food poisoning was December 9, 2016.
12. On January of 2017 I was given a BP-8 grievance. I filled it out and gave it to Counselor Reese. Then Mr. Reese went on a vacation for over a week. Upon his return I asked for the BP-8's response. He stated it must have gotten lost. He then issued me another BP-8

- (See file). I completed the BP-8, BP-9, BP-10 and BP-11 which became final on September 22, 2017, signed by Ian Connors. Remedy No. 906864-A1.
13. From November 30 – February of 2017 this bump which I was told could be a hemorrhoid only got worse. On late February of 2017 I saw Dr. Edinger walking down the range and I stopped him and told him that I was afraid because my intestines popped out of my anus every time I defecated. He asked since when I had this problem. I told him it occurred when I was infected with salmonella on November 2016. Two hours later I was pulled out the cell to see him. I pulled my pants down and pushed as requested. He was shocked and requested I see a specialist.
  14. On March of 2016 I saw an outside doctor whose name I can not recall. We were in the medical room as he explained the surgery process and then requested to see the prolapse. I pulled my pants down in a sitting position. He was shocked and refused to perform the surgery because it would be too complicated. I was then ordered to see other specialists. (See file.)
  15. On April of 2017 I was taken to Giesinger Medical Center to see Dr. Buzas. Again he saw the prolapse and gave me two options for the operation procedures. I selected the one that would benefit me the most health wise. I signed all documentation so that the operation could take place. I asked Dr. Buzas what caused this prolapse. He stated and noted on my file that due to the salmonella exposure it caused a lot of straining and bowel movements that caused my colon muscles to tear. (See medical file, Dr.'s notes.)
  16. On June 20, 2017 I was taken from the 1<sup>st</sup> floor on X-Block to a medical isolation cell in X-Block 2<sup>nd</sup> floor. I was given a bowel prep and an enema. (See file.)
  17. On June 21, 2017 early in the morning I was taken to Geisinger Medical Center for surgery. (See file.)
  18. From June 21<sup>st</sup> – June 23<sup>rd</sup> I was at Geisinger Medical Center.
  19. On June 23, 2017 at 3:00 pm I was brought back from the hospital and placed on X-Block 1<sup>st</sup> floor cell number 110. For the record this is not a post medical/handicap cell.
  20. On June 24, 2017 around 3:00 am – 5:00 am I advised the officer that I was in extreme pain, chills and non-stop sweating. He stated, "there are no medical staff during the night." The officer notified the Lt. and Lt. would email medical so that I will be in the morning. At 8:00 am I saw medical.
  21. On June 25, 2017 I was moved from cell number 110 to cell number 101 in X-Block. Cell 101 is a medical cell.

22. On June 26, 2017 SIS staff and Lieutenant came to my cell room number 101 for a shake down. I was taken downstairs, stripped, searched, and then taken to be X-Rayed. After this I was placed on 2<sup>nd</sup> floor, but this time on an ADX cell. I told staff that due to my surgery I was to avoid stairs. (See file). All my medical restrictions were ignored by staff.
23. On July of 2017 I was again moved from the ADX cell to the 2<sup>nd</sup> floor cell number 216 in X-Block. It was then I told PA Ms. Ayers and other PA's that the upper part of the scar had opened a little and was leaking yellowish liquid non-stop. I was then taken to medical to get checked and was given gauzes and band-aides. For over two weeks this was an ongoing issue. (See medical file.)
24. On July and August of 2017 I was taken for medical follow-ups with Dr. Buzas at the Geisinger Medical Center.
25. On August of 2017 I felt a pain on my testicles. I then decided to masturbate and at the point of ejaculation blood came out instead of semen. I notified PA Ayers and she then notified Dr. Edinger. I was told it would be normal and part of recovery. No semen came out at all. I never had these issues before. I was told it would get better. It has not and it's been over a year.
26. On January 05, 2018 as I was getting out of bed I felt a rip sensation around the area of the scar where I was operated. Hours later I felt pain and pressure in the same area. I notified Officer Salomon which he in turn emailed the PA. At this time I was housed in B-Block cell number 104. I was taken out and checked by the PA's who stated it could possibly be a hernia.
27. On January 06, 2018 during "Sick Call" I spoke to PA Ms. Ayers about the pain, pressure and bump I had. Once again was taken out to medical and evaluated by Ms. Ayers. She stated it was an incisional hernia. She then called Dr. Edinger to see if she could set up a visit with an outside doctor to repair it. Dr. Edinger told her no. She then told me to monitor it and if it got worse to notify them.
28. On January 09, 2018 on "Sick Call" I gave PA Ms. Ayers a written request to complain that the pain and pressure was only getting worse. I asked to have an X-ray, MRI or sonogram done. I expressed that this was not normal and I needed medical attention and a thorough evaluation. I was taken out for an X-ray (See file). It revealed that I was excessively constipated. Later at pill line I was given a clear liquid to drink. It was to clean and clear my bowels. I was then told to wait 3 days and monitor my condition.
29. On January 12, 2018 I once again gave PA Ms. Ayers a written request stating things were worse. I told her that upon a bowel movement I once again felt a bump on my

anus. The colon rectal prolapse had occurred once again. At noon Dr. M. Shaw requested to see me. She asked a bunch of questions and evaluated my stomach. Once again I pulled my pants down to get examined by her. I laid in a fetal position as she checked my anus. (See file.) Dr. Shaw advised that she would set me up to see the doctor (Dr. Buzas) who performed my surgery. (See medical outside approval.)

30. On or about March 12, 2018 all B-Block was served rat/mice feces. Officers were notified and Lt's ordered food service to serve us again. I am told that all the prison was served mice/rat feces.
31. From February 04, 2018 – June 12, 2018 I complained about pain and discomfort. All I was told for 5 months, "you are on the waiting list to be seen."
32. On June 13, 2018 I was taken out to see Dr. Buzas at Geisinger Medical Center. I asked him, "Why did it take 5 months to see me?" He stated, "Mr. Ramirez no one has contacted us until 30 days ago. I didn't even know your issues, but don't worry we will get to the bottom of it; I apologize." He then evaluated me and ordered a CAT scan. (See Dr. Buzas note and CAT scan Approval.)

## II. Negligence/Damage/Injury

Plaintiff has tried all avenues to find out what exactly caused the salmonella outbreak. No one in this facility wishes to reveal it. I am sure once this Court orders the Defendant to furnish all documentation things will become clear. The duty of the Bureau of Prisons under Federal Statute are to "Provide suitable quarters, and provide for safe keeping, care, and subsistence of all persons charged with or convicted of offenses against the United States or held as witnesses or otherwise..." 18 U.S.C. § 4042. Here Defendant owed a duty to Plaintiff to be served untainted food. I am told it was the chicken, and others say the salad. One officer said it was the dirty trays that food service does not properly clean.

The elements of negligence are: duty, breach, causation, and injury. Here the Defendant owed a legal duty to follow proper BOP policy food service procedures to store, process, cook and to make sure its processed in a clean environment as per the manual. Because the failure to follow proper food safety practices and its protocols of BOP program statement 4700.05 Plaintiff suffered from food poisoning. Thus cause all state damages/injuries. Upon the discovery it will show that food service discarded all food trays and purchased new ones. I am made aware the food trays are always washed in an unsanitary manner. Many reports have been made stating food or grease is always left within the trays.



Now, this Court will wonder if this prison and its staff learned its lesson from the November 28, 2016 incident salmonella outbreak, the answer is no. Once again on March 12, 2018 food service served the whole prison cereal with rat/mice feces. And for the record, all inmates that filed a F-95 FTCA claim on this new incident have been offered settlements of \$100.00 - \$150.00 from the BOP counsel.

Plaintiff suffered salmonella symptoms for over two weeks. And because of the salmonella Plaintiff suffered a colon prolapse due to 20 to 30 bowel movements a day. I was operated to fix the prolapse, but as of this present moment I am still waiting for another surgery to fix the incisional hernia. All these injuries derived from one source – the salmonella issue. That was the root of all these escalations of injuries. The elements of negligence are proven in this instant case.

### **RELIEF REQUESTED**

Plaintiff has now established he is within the statute of limitations to file suit against the United States. As stated, Plaintiff is currently awaiting medical procedures to be done to him; a CAT scan, and surgery. (See file). Plaintiff had asked for One Million (\$1,000,000.00) U.S. dollars for I expected to be fully recovered. This is not the case anymore. Plaintiff understands that under the FTCA he can't ask for damages greater than the amount that was asked in his Administrative Claim. 28 U.S.C. § 2675(b). However, there are two exceptions to this rule: the party may seek a larger amount if the increase is based on newly discovered evidence that was not reasonably discovered at the time that the Administrative claim was presented; or if you allege and prove intervening facts relating to the amount of the claim. For example, in *Husovsky v. United States*, 590 F. 2d 944, 954 (D.C. Cir 1978) (Allowing increased damages because improved health increased life expectancy); *Allgeier v. United States*, 909 F. 2d 869, 877-79 (6<sup>th</sup> Cir 1990) (Allowing an award greater than originally sought-after plaintiff showed that her injuries were greater than she knew). Just like in the case of *Allgeier v. U.S.* here Plaintiff's damage/injury has been greater than expected. To the point that both Dr. Edinger and De. Buzas stated that I will never be the same and there was a possibility that one day I may end up with a colon ostomy bag. Because of this the amount of \$1,000,000.00 should be greater. Plaintiff demands a trial so that the Court establish an increased reward on its damages of over \$1,000,000.00 U.S. dollars.

Plaintiff also petitions this Court to order the United States to treat once and for all Plaintiff's medical needs. As the Court will note that from February 2018 – June 2018 nothing was done. For five months of pain and complaining all I was told, "you are on the list." The rectal prolapse and incisional hernia caused by the salmonella are serious medical needs that need to be met. Plaintiff will attach with this instant motion all documentation for this Court to view.



I pray to this Court to process, scree, and provide any or all other relief that may apply to this instant case.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Respectfully submitted,

pro se: \_\_\_\_\_

Ernesto A. Ramirez

Reg No: 81642079

USP Lewisburg SMU

PO Box 1000

Lewisburg, PA 17837

**To: Clerk of Courts**  
**Middle District of Pennsylvania**

November 2, 2018

Dear Clerk of the Court:

Please find enclosed my motion, a civil action suit, attached with medical records, and also I have provided two additional copies for the defendant.

Enclosed you will also find my application to proceed in Forma Pauperis. If it serves the Court time please note that about two months ago I had filed my account statements to proceed in Forma Pauperis on a 2241 case. See your docket sheet. Since the Court has this information maybe it could speed things up.

I am also notifying the Courts that I should be moved soon. Exact date I am not aware, but soon. I or my wife Ms. Elida Perez Ramirez will notify this court of my change of address. Any questions this Court may have, you can contact my wife at 419 966-1484 or via email at [dallasnfl2000@yahoo.com](mailto:dallasnfl2000@yahoo.com).

Please file my instant civil action suit.

Thank you and God bless.

Sincerely,

Ernesto Alonzo Ramirez  
Reg. No. 81642079  
P.O. Box 1000  
Lewisburg, PA 17837



U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

*Via Certified and Return Receipt Mail*

U.S. Custom House-7th Floor  
2nd & Chestnut Streets  
Philadelphia, PA 19106

June 4, 2018

Mr. Ernesto Ramirez  
Reg. No. 81642-079  
USP Lewisburg  
PO Box 1000  
Lewisburg, PA 17837

RE: Administrative Claim No. TRT-NER-2018-03995

Dear Mr. Ramirez:

Your Administrative Claim No. TRT-NER-2018-03995, received in this office on April 10, 2018, has been considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30. Damages are sought in the amount of \$1,000,000.00 based on a personal injury claim. Specifically, you allege you became ill after being served contaminated food at USP Lewisburg and request an increased offer of settlement.

After a careful review of this claim, I have decided to offer settlement in the amount of \$100.00. This amount is based upon our assessment of the relative value of your claim, based on your symptoms and treatment as verified in your medical record, and other factors. This is neither an admission nor denial of government liability.

If this amount is acceptable for settlement, please complete the highlighted portions and sign the enclosed voucher and promptly return it to this office for processing. If the offer is unacceptable, suit may be brought against the United States in the appropriate United States District Court within six (6) months of the date of this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Howard", is written over a horizontal line.

Darrin Howard  
Regional Counsel

cc: David J. Ebbert, Warden, USP Lewisburg

U.S. Department of Justice  
Federal Bureau of Prisons  
Northeast Regional Office  
U.S. Custom House - 7th Floor  
2nd and Chestnut Street  
Philadelphia, PA 19106  
Official Business

*[Handwritten signature]*

CERTIFIED MAIL

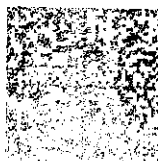


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Mr. Ernesto Ramirez  
Reg. No. 81642-079  
USP Lewisburg  
PO Box 1000

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Department of the Treasury

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## VOUCHER FOR PAYMENT

Voucher No. \_\_\_\_\_

**WHERE A SETTLEMENT AGREEMENT HAS NOT BEEN EXECUTED  
AND ATTACHED OR WHERE A FINAL JUDGMENT IS NOT ATTACHED**

Schedule No. \_\_\_\_\_

Claim No. 2018-03995**A. PAYMENT DATA: (PLEASE TYPE OR PRINT CLEARLY)**PAID BY  
(For use by  
Treasury only.)

- (1) Submitting Agency/Office: Federal Bureau of Prisons
- (2) Agency/Office Mailing Address: USP Lewisburg
- (3) Agency/Office Contact Person and Telephone No.: Controller
- (4) Payee(s): (a) Ernesto Ramirez, Reg. No. 81642-079
- (5) Taxpayer Identification No., SSN, or EIN of each Payee: SSN 453-61-2901
- (6) Total Amount: One hundred dollars (\$100.00)
- (7) Briefly Identify Claim:  
Alleged personal injury claim of food borne illness at USP Lewisburg Administrative Claim No. TRT-NER-2018-03995

**B. ACCEPTANCE BY CLAIMANT(S).** (NOTE: For use ONLY where final judgment has NOT been entered or where claimant has NOT signed another agreement. Use FMS Form 197A where final judgment has been entered or another agreement has been signed by the claimant(s).)

*I, (We), the claimant(s) and beneficiaries, do hereby accept the within-stated award, compromise, or settlement as final and conclusive on me (us), on my (our) heirs, executors, administrators or assigns, and agree that said acceptance constitutes a complete release by me (us), my (our) heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences thereof resulting, and to result, from the same subject matter that gave rise to the claim for which I (we) or my (our) heirs, executors, administrators, or assigns, and each of them, now have or may hereafter acquire against the United States and against the employee(s) of the Government whose acts or omissions gave rise to the claim by reason of the same subject matter. I (We) further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim by reason of the same subject matter.*

(SIGN ORIGINAL ONLY)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2018

(Claimant(s) sign above)

**C. AGENCY APPROVING OFFICIAL:** This claim has been fully examined in accordance with 28 U.S.C. §2672 and approved in the amount of \$100.00

Signed: \_\_\_\_\_

Title: REGIONAL COUNSEL

Date: \_\_\_\_\_

**D. OTHER ACCOUNTING INFORMATION AND CERTIFICATIONS:** (For use by Treasury only.)

**Bureau of Prisons  
Health Services  
Consultation Request**

**Inmate Name:** RAMIREZ, ERNESTO  
**Date of Birth:** 12/16/1976

**Reg #:** 81642-079      **Complex LEW**  
**Sex:** M

**Consultation/Procedure Requested:** General Surgery

**Subtype:** Evaluation - Outside

**Reason for Request:**

This consult is for F/U after CT scan at GMC colorectal surgery  
Report review s/p F/U at Colorectal s/p rectopexy for rectal prolapse  
Inmate c/o abdominal bulge after falling off bunk

Per consult:

"Difficulty appreciatingg incisional hernia looks more like rectal diastasis"

Recommending CT scan to confirm and F/U after testing

The consultation request submitted by Seroski, Jennifer PA-C on 06/20/2018 for General Surgery, Evaluation - Outside was Approved on 06/26/2018.

**Comments:**

Approval based upon medical necessity and acuity.

**Bureau of Prisons  
Health Services  
Consultation Request**

**Inmate Name:** RAMIREZ, ERNESTO  
**Date of Birth:** 12/16/1976

**Reg #:** 81642-079      **Complex LEW**  
**Sex:** M

**Consultation/Procedure Requested:** Radiology

**Subtype:** CT Scan (OUT)

**Reason for Request:**

This consult is for abdominal CT scan  
Report review s/p F/U at Colorectal s/p rectopexy for rectal prolapse  
Inmate c/o abdominal bulge after falling off bunk  
Per consult:  
"Difficulty appreciatingg incisional hernia looks more like rectal diastasis",  
Recommending CT scan to confirm and F/U after testing

The consultation request submitted by Seroski, Jennifer PA-C on 06/20/2018 for Radiology, CT Scan (OUT) was Approved on 06/26/2018.

**Comments:**

Approval based upon medical necessity and acuity.



Inmate Name: RAMIREZ, ERNESTO  
Date of Birth: 12/16/1976

Reg #: 81642-079  
Sex: M

Complex LEW

Consultation/Procedure Requested: General Surgery  
Subtype: Evaluation - Outside

**Reason for Request:**

Inmate is a 41 y/o male, s/p rectoplasty for prolapsed anus in 8/17 by Colorectal Surgery at GMC who reports return of prolapse of anus at this time and he felt a "rip" in his pelvis while getting out of bed 2 weeks ago. Moderate and not as severe as prior. PE reveals decreased tone and very mild prolapse of rectal tissue. This consult is for surgical f/u for possible return of prolapse.

The consultation request submitted by Shaw, Megan MD on 01/18/2018 for General Surgery, Evaluation - Outside was Approved on 01/23/2018.

**Comments:**

Consultation/Procedure Requested: Specialty Procedure - In house  
Subtype: Ultrasound - On-site

**Reason for Request:**

Inmate is a 41 y/o male with suspected incisional hernia suprapubically. Consult is for u/s to determine if hernia is present

The consultation request submitted by Shaw, Megan MD on 01/18/2018 for Specialty Procedure - In house, Ultrasound - On-site was Disapproved on 01/23/2018.

**Comments:**

Recommend waiting until evaluation by surgery is complete.

Inmate Name: RAMIREZ, ERNESTO

Sex: M

Date of Birth: 12/16/1976

Consultation/Procedure Requested: General Surgery

Subtype: Procedures - Outside

**Reason for Request:**

Inmate with confirmed 6 cm rectal prolapse. Inmate seen by colorectal surgery at GMC. They are recommending abdominal rectopexy with possible sigmoidectomy. Inmate to have flagyl 500mg q8 hours for 1 day prior to surgery along with a bowel prep.

The consultation request submitted by Ayers, Jessie PA-C on 04/27/2017 for General Surgery, Procedures - Outside was Approved on 04/27/2017.

**Comments:**

Approval based upon medical necessity and acuity.

**Inmate Name:** RAMIREZ, ERNESTO

**Date of Birth:** 12/16/1976

**Reg #:** 81642-079  
**Sex:** M

**Complex LEV**

**Consultation/Procedure Requested:** General Surgery

**Subtype:** Evaluation - Outside

**Reason for Request:**

Inmate had severe rectal prolapse. He underwent rectopexy and sigmoid resection 4 weeks ago. Surgery has requested a follow up in 1 month. This request is for that visit.

The consultation request submitted by Edinger, Andrew MD/CD on 07/11/2017 for General Surgery, Evaluation - Outside was Approved on 07/18/2017.

**Comments:**

Approval based upon medical necessity and acuity.

**Subtype:**

Evaluation On-site

**Reason for Request:**

Rectal Prolapse: Inmate seen and found to have 4 cm prolapse of rectum with small erosion of internal mucosa. Inmate believes this has been worsening over last several months and states that there are times were it protrudes even further than the 4 cm. Inmate having difficulty with bowl movements secondary to prolapse. Request consult for possible surgical intervention.

**Provisional Diagnosis:**

Rectal Prolapse

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

Inmate referred to general surgery for consultation regarding possible surgical intervention for his prolapsed rectum.

**Patient Education Topics:****Date Initiated Format**

03/07/2017 Counseling

**Handout/Topic**

Plan of Care

**Provider**

Ayers, Jessie

**Outcome**

Attentive

**Copay Required:** No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Ayers, Jessie PA-C on 03/07/2017 11:58

Case 1:18-cv-02208-SMB-EB Document 1 Filed 11/14/18 Page 21 of 100

Inmate Name:	RAMIREZ, ERNESTO ALONZO	Rep #:	81642-079
Date of Birth:	12/16/1976	Sex:	M
Encounter Date:	11/29/2016 20:08	Provider:	Hartzel, Lori RN
		Race:	WHITE
		Facility:	LEW

Cosigned by Edinger, Andrew MD/CD on 11/30/2016 16:19.

Inmate Name: RAMIREZ, ERNESTO ALONZO

Reg #: 81642-079

Date of Birth: 12/16/1976

Sex: M Race: WHITE

Facility: LEW

Encounter Date: 11/29/2016 20:08

Provider: Hartzel, Lori RN

Unit: X02

Nursing - Evaluation encounter performed at Health Services.

**SUBJECTIVE:****COMPLAINT 1** Provider: Hartzel, Lori RN**Chief Complaint:** Diarrhea**Subjective:** Inmate seen for symptoms of diarrhea**Pain:** No**OBJECTIVE:****Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
11/29/2016	20:09 LEW	98.0	36.7		Hartzel, Lori RN

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
11/29/2016	20:09 LEW	104			Hartzel, Lori RN

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
11/29/2016	20:09 LEW	156/89				Hartzel, Lori RN

**ASSESSMENT:**

Diarrhea

Inmate seen for complaints of diarrhea x 2 days, has been having difficulty keeping food/fluids down for 15 days.

Inmate quarantined at this time for symptoms, will continue to keep contact with inmates during daily sick call

Vitals stable

**PLAN:****Disposition:**

Follow-up at Sick Call as Needed

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/29/2016	Counseling	Compliance - Treatment	Hartzel, Lori	Verbalizes Understanding

encouraged sips fluids/good handwashing



Completed by Hartzel, Lori RN on 11/29/2016 20:13  
Requested to be cosigned by Edinger, Andrew MD/CD.  
Cosign documentation will be displayed on the following page.

Inmate Name:	RAMIREZ, ERNESTO ALONZO	Reg #:	81642-079
Date of Birth:	12/16/1976	Sex:	M
Encounter Date:	11/29/2016 20:08	Provider:	Hartzel, Lori RN
		Race:	WHITE
		Facility:	LEW

Cosigned by Edlinger, Andrew MD/CD on 11/30/2016 16:19.

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1**      Provider: Ayers, Jessie PA-C

**Chief Complaint:** Diarrhea

**Subjective:** Inmate states he continues to have 10 or more watery stools a day, fever, chills, and sweats.  
Inmate states he does not feel he is improving yet. He denies any blood in stool or vomiting.

**Pain:** No

**OBJECTIVE:**

**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
11/30/2016	13:19 LEW	99.0	37.2		Ayers, Jessie PA-C

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
11/30/2016	13:19 LEW	110			Ayers, Jessie PA-C

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Alert and Oriented x 3

No: Appears Distressed, Jaundiced, Lethargic, Pale, Diaphoretic

**Skin**

**General**

Yes: Within Normal Limits

**Eyes**

**General**

Yes: Extraocular Movements Intact

**Face**

**General**

Yes: Symmetric

**Mouth**

**Mucosa**

No: Dryness

**Pulmonary**

**Observation/Inspection**

No: Respiratory Distress

**Cardiovascular**

**Observation**

Yes: Within Normal Limits

**Musculoskeletal**

**Gait**

Yes: Normal Gait

**Exam Comments**

Good skin turgor

**ASSESSMENT:**

Infectious gastroenteritis and colitis, unspecified, A09 - Current

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

Inmate to continue to increase fluids and eat small bland meals. Continue current symptomatic treatment.

**Patient Education Topics:**

**Date Initiated Format**

11/30/2016 Counseling

**Handout/Topic**

Plan of Care

**Provider**

Ayers, Jessie

**Outcome**

Attentive

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ayers, Jessie PA-C on 11/30/2016 13:22

Case 1:18-cv-02208-SHR-EB Document 1 Filed 11/14/18 Page 27 of 100  
Inmate Name: RAMIREZ, ERNESTO ALONZO Reg #: 81642-079  
Date of Birth: 12/16/1976 Sex: M Race: WHITE Facility: LEW  
Encounter Date: 12/01/2016 11:35 Provider: Lupold, Todd PA-C Unit: X02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Lupold, Todd PA-C

**Chief Complaint:** Diarrhea

**Subjective:** f/u diarrhea. inmate reports he is improving but still had some diarrhea today..otherwise he is feeling better

**Pain:** No

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

**Skin**

**General**

Yes: Within Normal Limits, Dry

**ASSESSMENT:**

Infectious gastroenteritis and colitis, unspecified, A09 - Current

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

**Other:**

Discussed proper diet for diarrheal illness including adequate water intake daily.

**Patient Education Topics:**

Date Initiated Format

12/01/2016 Counseling

Handout/Topic

Diet

Provider

Lupold, Todd

Outcome

Verbalizes  
Understanding

Completed by Lupold, Todd PA-C on 12/01/2016 13:54

Case 1:18-cv-02208-SHP-EB Document 1 Filed 11/14/18 Page 29 of 100  
Inmate Name: RAMIREZ, ERNESTO ALONZO Reg # 81842-079  
Date of Birth: 12/16/1976 Sex: M Race: WHITE Facility: LEW  
Encounter Date: 12/02/2016 08:00 Provider: Lupold, Todd PA-C Unit: X02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Lupold, Todd PA-C

**Chief Complaint:** Diarrhea

**Subjective:** f/u diarrhea. inmate states he feels better today. last diarrhea was 11/30

**Pain:** No

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

**Skin**

**General**

Yes: Within Normal Limits

**ASSESSMENT:**

Infectious gastroenteritis and colitis, unspecified, A09 - Current

**PLAN:**

**Disposition:**

Follow-up Daily

**Other:**

Discussed proper diet for diarrheal illness including adequate water intake daily.

**Patient Education Topics:**

Date Initiated Format

12/02/2016 Counseling

Handout/Topic

Diet

Provider

Lupold, Todd

Outcome

Verbalizes  
Understanding



Copay Required: No  
Telephone/Verbal Order: No

Cosign Required: No

Completed by Lupold, Todd PA-C on 12/02/2016 10:58

Inmate Name: RAMIREZ, ERNESTO ALONZO

Date of Birth: 12/16/1976

Encounter Date: 12/06/2016 11:32

Sex: M Race: WHITE

Provider: Ayers, Jessie PA-C

Reg #: 81642-079

Facility: LEW

Unit: X02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

**SUBJECTIVE:****COMPLAINT 1**      **Provider:** Ayers, Jessie PA-C**Chief Complaint:** Diarrhea**Subjective:** Inmate states he continues to have no diarrhea and is feeling better. He has been eating and drinking more without any symptoms.**Pain:** No**OBJECTIVE:****Exam:****General****Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Alert and Oriented x 3

No: Appears Distressed

**Skin****General**

Yes: Within Normal Limits

**Mouth****Mucosa**

Yes: Within Normal Limits

No: Dryness

**ASSESSMENT:**

Infectious gastroenteritis and colitis, unspecified, A09 - Current

**PLAN:****New Medication Orders:**Rx#MedicationOrder DatePrescriber Order

Inmate Name: RAMIREZ, ERNESTO ALONZO  
Date of Birth: 12/16/1976  
Encounter Date: 12/06/2016 11:32

Sex: M Race: WHITE  
Provider: Ayers, Jessie PA-C

Reg #: 81642079  
Facility: LEW  
Unit: X02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Ayers, Jessie PA-C

**Chief Complaint:** Diarrhea

**Subjective:** Inmate states he continues to have no diarrhea and is feeling better. He has been eating and drinking more without any symptoms.

**Pain:** No

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Alert and Oriented x 3

No: Appears Distressed

**Skin**

**General**

Yes: Within Normal Limits

**Mouth**

**Mucosa**

Yes: Within Normal Limits

No: Dryness

**ASSESSMENT:**

Infectious gastroenteritis and colitis, unspecified, A09 - Current

**PLAN:**

**New Medication Orders:**

Rx#                      Medication

Order Date

Prescriber Order

Inmate Name: RAMIREZ, ERNESTO ALONZO  
 Date of Birth: 12/16/1976  
 Encounter Date: 12/07/2016 11:57

Sex: M Race: WHITE  
 Provider: Ayers, Jessie PA-C

Reg #: 81642-079  
 Facility: LEW  
 Unit: X02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Ayers, Jessie PA-C

**Chief Complaint:** Diarrhea

**Subjective:** Inmate states he continues to be asymptomatic and has been fine for over a week now.

**Pain:** No

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

**Skin**

**General**

Yes: Within Normal Limits

**Mouth**

**Mucosa**

Yes: Within Normal Limits

**ASSESSMENT:**

Infectious gastroenteritis and colitis, unspecified, A09 - Current

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

Inmate instructed to follow a BRAT diet and increase fluids. Will continue to monitor. Inmate will be removed from isolation tomorrow if both himself and his cellmate remain symptom free.

**Patient Education Topics:**

Date Initiated Format  
 12/07/2016 Counseling

Handout/Topic  
 Diet

Provider  
 Ayers, Jessie

Outcome  
 Attentive

Completed by Ayers, Jessie PA-C on 12/07/2016 11:59

Inmate Name: RAMIREZ, ERNESTO ALONZO Sex: M Race: WHITE Reg #: 81642-079  
 Date of Birth: 12/16/1976 Facility: LEW  
 Encounter Date: 12/09/2016 08:03 Provider: Ayers, Jessie PA-C Unit: X02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Ayers, Jessie PA-C

**Chief Complaint:** Diarrhea

**Subjective:** Inmate states he has not had diarrhea in several days and he is doing well.

**Pain:** No

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

**Skin**

**General**

Yes: Within Normal Limits

**Mouth**

**Mucosa**

Yes: Within Normal Limits

No: Dryness

**ASSESSMENT:**

Infectious gastroenteritis and colitis, unspecified, A09 - Resolved

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

Inmate to continue with increased fluids and small bland meals for the next several days. Inmate has been without watery diarrhea for the last several days. Inmate to follow up as needed. Will remove from isolation.

**Patient Education Topics:**

Date Initiated Format  
 12/09/2016 Counseling

Handout/Topic  
 Diet

Provider  
 Ayers, Jessie

Outcome  
 Attentive

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ayers, Jessie, PA-C on 12/09/2016 08:20



## Patient Information

Patient Name	MRN	Gender	DOB (Age)
Ramirez, Ernesto A	5956514	Male	12/16/1976 (40 year old)

OPERATIVE RECORD  
GEISINGER MEDICAL CENTER  
100 North Academy Avenue  
Danville, Pennsylvania 17822

RAMIREZ, ERNESTO  
MR #5956514  
DOB: 12/16/1976  
Location: PACM

SERVICE: COLON AND RECTAL SURGERY  
DATE: 06/20/2017

PRE-OP DIAGNOSIS: Rectal prolapse.

POST-OP DIAGNOSIS: Same.

SURGEON: Christopher Buzas, DO.

ASSISTANTS: Corrine Blumling, MD.

ANESTHESIA: General endotracheal.

OPERATION: Laparoscopic hand assisted sigmoid colon resection with  
coloproctostomy and suture rectopexy.

FINDINGS: The patient had severe rectal prolapse, which was full thickness. The  
patient also had a very redundant sigmoid colon. Because of that, sigmoid colon  
resection was performed with coloproctostomy, and a suture rectopexy was also  
performed.

ESTIMATED BLOOD LOSS: 100 mL.

DRAINS: One #19 Blake drain in the pelvis.

FLUIDS: 1000 mL of crystalloid.

URINE OUTPUT: 200 mL.

SPECIMEN: Sigmoid colon, proximal rectum to pathology.

COMPLICATIONS: None.

CONDITION: Good.

Printed 6/21/17 10:47 AM

Geisinger

Page 1 of 3

600/P0002

ONE 6886 112 016 XVA 01111 GEM 1102/12/90

DISPOSITION: The patient was transferred from the operating room to the recovery room in stable condition.

INDICATIONS AND HISTORY: The patient is a 40-year-old gentleman, who is incarcerated, who has a large rectal prolapse, which has been causing him significant discomfort, as well as incontinence. He is now here for resection and rectopexy.

DESCRIPTION OF OPERATION: The patient was identified, the procedure was verified. The patient was brought to operating room, was placed in the supine position on the operating room table. The patient was placed under general endotracheal anesthesia. The patient was then placed in the dorsal lithotomy position. The patient's abdomen and perineum were prepped and draped in sterile fashion. A time-out was performed. A 5 mm port was placed in the left upper quadrant using the Optiview port system. Insufflation was achieved. We then placed a hand port in the infraumbilical region. A 12 port was placed in the supraumbilical region, and 2 ports were placed in the right lower quadrant. The small bowel was then removed from the pelvis. The IMA pedicle was identified. It was circumferentially dissected. We made sure to identify the retroperitoneal structures, including the left ureter. The IMA was then transected with the Echelon stapler with a vascular load. We then did our posterior dissection of the pelvis in the presacral space all the way down to the pelvic floor. We went lateral on both sides down to the lateral stalks. We did take the lateral stalks on the right side. We left the lateral stalks in situ on the left side. We then mobilized the rest of the sigmoid colon and the descending colon up to the splenic flexure. The splenic flexure was not mobilized. We then brought the colon out through our hand port. We transected the proximal rectum with a curved contour stapler. We took down the mesentery with the LigaSure device. We then mobilized we then transected the colon proximal to the IMA pedicle with a GIA stapler. We then took the mesentery down with a LigaSure device. We then placed 2-0 Prolene stitches in the sacral promontory for our rectopexy sutures. We then sutured the Prolene to the rectal mesentery bilaterally. We did not tie the sutures at first. We performed an end-to-end anastomosis with a 29 EA stapler from the sigmoid colon to the rectum. We did this in the standard fashion. A leak test was performed by immersing the anastomosis under sterile saline. We then performed a flexible sigmoidoscopy. There was no evidence of leak. No evidence of bubbling upon insufflation of the rectum. The anastomosis was identified, it was not bleeding. At this point in time, we copiously irrigated the abdomen. We then tied down our rectopexy sutures, so that the rectum was in a straight line from the pelvic floor all the way to the rectopexy. There was no evidence of rectal prolapse upon rectal exam after the rectopexy was performed. At this point in time, we used a Carter-Thomason to close our supraumbilical port site. We then closed our hand port site with #1 looped PDS x2. We then closed all of our skin incisions with 4-0 Monocryl suture. Dermabond was placed over all the incisions. The patient was allowed to wake from anesthesia. He was then transferred to his hospital gurney in the PACU in stable condition. All instrument, sharps, and sponge counts were correct. I was present and scrubbed for the entire procedure.

Christopher J Buzas, DO  
General Surgery  
Geisinger Medical Center  
Danville, PA 17822

Ramirez, Ernesto A (MR # 5936514)

DOB: 12/16/1976

CJB/VB: D: 06/20/2017 11:55:49 T: 06/20/2017 12:43:33 Doc#: 2109993/746423693

Last signed by: Christopher J Buzas, DO at 06/20/17 1438

Printed 6/21/17 10:47 AM

Gelsinger

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600/9002

CND 6885 YAZ 016 XVA ET'IT ORN 1702/12/90

Case 1:18-cv-03208-SHP-EB Document 1 Filed 11/14/18 Page 40 of 100

Inmate Name:	RAMIREZ, ERNESTO ALONZO	Reg #:	81642-079
Date of Birth:	12/16/1976	Race:	WHITE
Sex:	M	Facility:	LEW
Scanned Date:	06/23/2017 09:18 EST		

Reviewed by Edinger, Andrew MD/CD on 06/23/2017 14:14.

Reviewed by Edinger, Andrew MD/CD on 06/23/2017 08:01.

Ramirez, Ernesto A (MR # 5966514)

DOB: 12/16/1976

## Patient Information

Patient Name	MRN	Gender	DOB (Age)
Ramirez, Ernesto A	5966514	Male	12/16/1976 (40 year old)

**COLORECTAL SURGERY HISTORY AND PHYSICAL**  
 Geisinger Medical Center, Danville, Pa

DATE: 4/27/2017

## Referring Physician:

1. Bradley J Mudge, DO

## Primary Care Physician:

No primary care provider on file.

**CHIEF COMPLAINT: Rectal Prolapse**

**HISTORY OF PRESENT ILLNESS:** Ernesto A Ramirez is a 40 year old, male with a history of rectal prolapse. He has had symptoms of rectal prolapse since November 2016. He had salmonella & had multiple days of severe diarrhea (~20 BMs daily). Passed some blood from his rectum, then a few days later felt a mass/ mild protrusion of his rectum. It has progressively gotten worse since that time. On his last exam in was prolapsed ~6cm. Feels like it prolapses with any physical activity requiring straining, it is painful. No history of chronic constipation. He has never had abdominal surgery. Has never had a colonoscopy.

He has some mild chronic Right shoulder pain s/p shoulder surgery, and had a recent rash on his L leg over a recent tattoo which was treated with topical steroids

**REVIEW OF SYSTEMS:**

A 10-point review of systems was completed in detail, including Constitutional, Eyes, ENT, CV, Resp, GI, M/S, Skn, Neuro, & Heme/Lymph, with all positive findings noted in the HPI. All others negative.

**PAST MEDICAL HISTORY:**

Nerve pain s/p shoulder surgery

**MEDICATIONS:**

Cymbalta

**ALLERGIES TO MEDICATIONS:**

NKDA

**PAST SURGICAL HISTORY:**

Right Shoulder surgery 2013

**FAMILY HISTORY:**

DM - mother &amp; father

Heart disease: mother &amp; father - mother died of MI

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Page 1 of 3

600/1000

QND 6689 112 016 174 6111 QND 4102/12/10

**SOCIAL HISTORY:**

No tobacco  
No EtOH  
Incarcerated

**PHYSICAL EXAMINATION:**

Constitutional/Additional VS: Pulse regular and Normal respiration pattern  
Constitutional/General: Appears well and No acute distress  
Head and Face: Head is normocephalic, No masses, lesions, tenderness or abnormalities noted,  
Face normal  
Neck: neck non-tender with full ROM, no cervical adenopathy, thyroid is symmetric without discrete or dominant nodule  
Chest/Respiratory: Normal shape and Normal respiratory muscle effort  
Lungs/Respiratory: lungs clear to auscultation, good lung volumes, diaphragmatic excursion is symmetric and otherwise negative  
Cardiac Exam/Cardiovascular Exam: regular rate & rhythm, no murmurs  
Abdomen/GI exam: abdomen soft, non-tender, without palpable masses, there is no hepatosplenomegaly, there are normal active bowel sounds, no hernias  
Rectal: negative, positive findings: rectal prolapse with bearing down, able to reduce spontaneously  
Musculoskeletal: Normal  
Extremities: No edema and No cyanosis  
Neuro: grossly normal exam, normal mental status, normal gait

IMAGING: N/A

LABS: None

**IMPRESSION and PLAN:** Ernesto A Ramirez is a 40 year old male with rectal prolapse since November 2016. After discussing the surgical options, he would like to proceed with rectopexy with possible sigmoid resection.

- Consent obtained today for Rectopexy w/ possible sigmoid resection
- Will need to schedule surgery with Lewisburg prison
- Will need bowel prep prior to surgery
- 24 hrs of pre-operative antibiotics (flagyl 500mg q8h for 3 doses starting AM prior to surgery).

Benjamin W Fisher, MD  
4/27/2017  
8:48 AM

Patient was seen and examined with Dr. Fisher. I agree with the assessment and plan.

Patient with rectal pain and bleeding  
Also feels a protrusion after every BM that he has to push back in  
Large full thickness rectal prolapse on exam  
We discussed abdominal vs perineal approach for repair  
Patient would like to proceed with laparoscopic, possible open resection rectopexy  
Discussed risks including bleeding, infection, anastomotic leak, and injury to surrounding structures  
Patient freely signed the consent form  
FAU post-op

Printed 6/21/17 10:47 AM

Geisinger

Page 2 of 3

609/8002

000 6585 112 018 X53 91111 GEM 1102/12/90

I have personally interviewed the patient and/or family, and performed pertinent physical examination. I personally formulated the above assessment and plan, based on the information available to me today. My assessment was discussed in detail with the patient and all feasible options were entertained. Ample time was allotted for discussion of my findings and then all questions were answered in detail to the patient's and/or family's satisfaction.

Medical Decision Making: Moderate complexity.

45 minutes spent with the patient. Greater than 60% of that time was spent discussing rectal prolapse, their causes and treatment options.

---

Christopher J Buzas, DO  
Attending Surgeon  
Colorectal Surgery  
Geisinger Health System AGC-7  
Danville, Pa 17822

Kathryn Frances Jaap, MD  
Resident  
GMC-GEISINGER MEDICAL CENTER  
800-332-8901  
06/18/17 1933

#### H&P ADDENDUM

Pt continues to have moderate rectal prolapse when passing BMs. No blood per rectum. No fevers/chills, N/V. No CP, SOB. Stopped asa over a week ago.

BP 128/84 | Pulse 72 | Resp 12 | SaO2 98%

GEN: NAD, AAOx3

CV: RRR

Lung: CTA B/L

Abd: soft, NT/ND, no rebound or guarding, no previous surgeries

Plan: To OR today for proctopexy, possible sigmoid resection

Patient will be discussed with Dr. Buzas.

Corinne Marie Blumling, MD  
Resident  
GMC-GEISINGER MEDICAL CENTER  
800-332-8901  
06/20/17 0638

Cosigned by: Christopher J Buzas, DO at 06/20/17 1118

Revision History

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Danielle N. Cress, RN, Registered Nurse, Signed

**NURSING DISCHARGE PROGRESS NOTE**  
**GMC-GEISINGER MEDICAL CENTER**  
100 North Academy Ave  
Danville PA 17822

Name: **Ernesto A Ramirez** MRN: **5956514** Location: **GMC BP-635/A** Date: **6/22/2017** Time: **12:09 PM**

The nursing measures listed below are those which were carried out while the patient was at the facility noted above and are not to be interpreted as physician orders for extended care.

**ACCOMPANIED BY:** Prison Guards  
**DESTINATION:** other facility: Lewisburg Prison  
**DISCHARGE NURSE:** Danielle N Cress, RN

**Height:** Height: 182.9 cm (6") (06/20/17 1451)  
**Weight:** Weight: 116.3 kg (256 lb 4.8 oz) (06/20/17 1451)  
**Most Recent Vital Signs:**  
BP 137/72 (06/22/17 8:23 AM)  
Pulse 76 (06/22/17 8:23 AM)  
Temp 35.7 °C (96.2 °F) (06/22/17 8:23 AM)  
Resp 16 (06/22/17 8:23 AM)

**PAIN LEVEL AT DISCHARGE:**

Level of Pain: 5/10  
Pain Scale Type: Geisinger Adult Scale 0-10  
Type of Pain: dull, throbbing and aching  
Location: abdomen  
Radiation: none  
Intervention: medication - last dose given: 0815  
Instructions for Pain Management Post Discharge Given: yes

**BELONGINGS PRESENT ON DISCHARGE:**

Belongings remaining with patient:: Cell Phone chargers (06/22/17 1208)  
I verified that all belongings were present at discharge. (Nurse initials - DNC)  
Are there Home Medications that will need to be returned to the patient?: No (06/20/17 1454)  
Home Medications: (no home medications to return) (06/22/17 1208)  
I verified that all remaining home medications were returned to patient at discharge. (Nurse initials - N/A DNC)

**HARD COPY OF NARCOTIC PRESCRIPTION SIGNED AND PROVIDED TO PATIENT UPON HOSPITAL DISCHARGE:** yes-included in discharge packet

**READMISSION RISK (SCORE):** Patient Risk Screening Score: 2.5 (06/20/17 1452)

**IMMUNIZATIONS GIVEN THIS ADMISSION:** none

**NEUROLOGICAL**

**Glasgow Coma Scale:**

Eyes Open: 4 = Spontaneous (06/22/17 0800)  
Best Verbal Response: 5 = Verbally appropriate for age (06/22/17 0800)  
Best Motor Response: 6 = Obeys commands appropriate for age (06/22/17 0800)  
Coma Score: 15 (06/22/17 0800)

**Extremity Movement:**

Right Leg Move: 5-Active movement with full resistance (06/22/17 0800)  
Right Arm Move: 5-Active movement with full resistance (06/22/17 0800)  
Left Leg Move: 5-Active movement with full resistance (06/22/17 0800)  
Left Arm Move: 5-Active movement with full resistance (06/22/17 0800)

**Pupil Size/Reaction:**

Right Pupil size (mm): 3 mm (06/21/17 1930)  
Right Reaction: Reactive + (06/21/17 1930)  
Left Pupil Size (mm): 3 mm (06/21/17 1930)  
Left Reaction: Reactive + (06/21/17 1930)

**SEIZURE PRECAUTIONS:** no

**SENSORY DEFICITS:** no

**SPEECH, HEARING, VISION PROBLEMS:**

Is patient non-verbal or have difficulty speaking? no

**LANGUAGE BARRIER:** no

**FEEDING:** independent

**ORAL HYGIENE:** brushes own teeth

**Functional Independence Measure** (must be completed for all patients on discharge):

Feeding: 4 = complete independence  
Locomotion: 4 = complete independence  
Expression: 4 = complete independence  
Transfer Mobility/Ambulation Status: 4 = complete independence  
Social Interaction: 4 = complete independence  
Dressing: 4 = complete independence  
Hygiene: 4 = complete independence

**RESPIRATORY:**

Discharged with Oxygen: no  
Ventilator: no  
Trach/Date of Trach: no

**CARDIOVASCULAR:**

(Cardiovascular WNL = Rhythm regular, normal rate per age, normal heart sounds (not accentuated, diminished or split,) no edema, brisk capillary refill, pulses present, no murmur.)  
Observation WNL = Observation WNL: Yes (06/22/17 0800)  
Heart Sounds: S1;S2 (06/21/17 1930)  
Rhythm: ST (06/20/17 1126)

Extremities: +Sensation (06/22/17 0800)

Pulses Right: Dorsalis Pedis + (06/22/17 0800)  
Pulses Left: Dorsalis Pedis + (06/22/17 0800)  
Edema: No (06/22/17 0800)

Capillary Refill: 2 sec (06/21/17 1930)

**Intravenous Lines:** ALL IV sites removed prior to discharge

**INTEGUMENTARY:**

Integumentary Observations: ML surgical incision and trocar sites  
Wound(s): Surgical incision s

**MUSCULOSKELETAL:**

Prosthetic(s): no

**GI ELIMINATION:**

(GI WNL = Abdomen flat, soft, no tenderness, symmetrical. Normal active bowel sounds present in all 4 quadrants.)

Observation WNL: Observation WNL: WNL except for items charted below (06/22/17 0800)

Abdomen: Soft;Non-distended;Tender;Rounded (06/21/17 1930)

Bowel Sounds: Hypoactive (06/22/17 0800)

Last Bowel Movement: 06/20/17 (06/20/17 1453)

Ostomy Present: no

**GU ELIMINATION:**

(GU WNL = Genitalia intact without discharge, swelling or pain. Urine clear and pale yellow, no foul smell. Continence appropriate for age. No bladder distention - absence of urinary devices - no hemo or peritoneal dialysis.)

Observation WNL: Observational WNL: Yes (06/22/17 0830)

Ostomy Present: no

**REPRODUCTIVE:**

**COPING:**

Family/Community Support Systems in Place: Yes,

Emergency Contact Name:

Emergency Contact Number:

ALL IV sites removed prior to discharge. Discharge instructions, prescriptions, copy of MAR, and copy of nurses note included in discharge packet. He had all of his personal belongings. He was escorted off the unit by geisinger security and prison guards. He left with the prison guards to be transported back to the prison.

**Discharge Checklist:**

Discharge Instructions - Initials: DNC

Prescriptions for Controlled Substances: yes, date - 06/22/2017 - Initials: DNC

Nursing Discharge Assessment - Initials: DNC

Most Recent Medication Administration Record (MAR) - Initials: DNC

Home Medications Returned: N/A - Initials: DNC

POLST Form (if applicable): N/A - Initials: DNC

All IV Fluid sites have been discontinued - yes, date - 06/22/2017 - Initials: DNC

Lines/Drains/Airways (LDAs) have been completed in flowsheet rows: yes, date - 06/22/2017 - Initials: DNC

Danielle N Cress, RN

Registered Nurse

GMC-GEISINGER MEDICAL CENTER

800-332-8901

06/22/17 1215

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OXYGEN CONTINUOUS Route: NASAL CANNUL Start: 06/20/17 1045			(Oxygen): Oxygen On (1600 RG)- Oxygen Off	Oxygen Off 1600
senna (SENOKOT) 1 Tab Dose: 1 Tab Freq: DAILY Route: PO Start: 06/21/17 1245			1341 RG (1 Tab) -Given	0816 TT (1 Tab)- Given
<b>PRN Medications</b>				
<b>Medications</b>	<b>06/18/17</b>	<b>06/19/17</b>	<b>06/20/17</b>	<b>06/21/17</b>
diphenhydrAMINE (BENADRYL) cap 25 mg Dose: 25 mg Freq: Q6H PRN Route: PO PRN Reason: Itching Start: 06/21/17 0814				0922 RG (25 mg)-Given 1542 RG (25 mg)-Given
fentaNYL (PF) inj 50 mcg Dose: 50 mcg Freq: Q5 MIN PRN Route: IV PUSH PRN Reason: Other PRN Comment: Breakthrough Pain Start: 06/20/17 0803 <input type="checkbox"/> Admin Instructions: Administer only post-op in PACU			1041 ED (50 1051 ED (50 mcg)-Given mcg)-Given	
HYDRomorphone (DILAUDID) inj 0.2 mg Dose: 0.2 mg Freq: Q3H PRN Route: IV PUSH PRN Reason: Pain, Breakthrough Start: 06/21/17 2013				
naloxone (NARCAN) 0.4 MG/ML inj 0.08 mg Dose: 0.08 mg Freq: PRN Route: IV PUSH PRN Reason: Other PRN Comment: RR less than 8 Start: 06/20/17 1022 <input type="checkbox"/> Admin Instructions: Stop and call House Officer, may repeat 0.04 mg IVP q1 minute				
oxyCODONE (OXY IR) tab 10 mg Dose: 10 mg Freq: Q4H PRN Route: PO PRN Reason: Pain, Severe Start: 06/21/17 2012				2224 MY (10 mg)-Given 0404 0815 MY (10 TT (10 mg)- mg)- Given Given
oxyCODONE (OXY IR) tab 5 mg Dose: 5 mg Freq: Q4H PRN Route: PO PRN Reasons: Pain, Mild,Pain, Moderate Start: 06/21/17 2012				
<b>Completed (Course of Treatment is Done) Medications</b>				



Dose: 30 mEq Freq: ONCE Route: PO  
Start: 06/22/17 0900 End: 06/22/17 0935  
☐ Admin Instructions:  
this med should NOT be Crushed or Chewed

tramadol ER (ULTRAM ER) tab 200 mg  
Dose: 200 mg Freq: ONCE Route: PO  
Start: 06/21/17 1000 End: 06/21/17 0922  
☐ Admin Instructions:  
POD #1

cefOXitin In D5W (MEFOXIN) ivpb 2 g  
Dose: 2 g Freq: ONCALL Route: IVPB  
Start: 06/20/17 0619 End: 06/20/17 0722  
☐ Admin Instructions:  
MIX BEFORE ADMINISTERING!

heParin inj 5,000 Units  
Dose: 5,000 Units Freq: PREOP Route: SUBQ  
Start: 06/21/17 0600 End: 06/20/17 0652

alvimopan (ENTEREG) cap 12 mg  
Dose: 12 mg Freq: ONCALL Route: PO  
Start: 06/20/17 0619 End: 06/20/17 0649  
☐ Admin Instructions:  
Alvimopan (Entereg) should NOT be used in patients who have taken therapeutics (3 or more doses) of opioids within the previous 7 days or in patients who have a complete bowel obstruction

acetaminophen (TYLENOL) tab 975 mg  
Dose: 975 mg Freq: ONCE Route: PO  
Start: 06/20/17 0645 End: 06/20/17 0649  
☐ Admin Instructions:  
In PACU. Administer 1 to 2 hours preop

pregabalin (LYRICA) cap 150 mg  
Dose: 150 mg Freq: ONCE Route: PO  
Start: 06/20/17 0645 End: 06/20/17 0649  
☐ Admin Instructions:  
In PACU. Administer 1 to 2 hours preop

0722 KB (2 g)  
Given

0652 MS (5,000 Units)  
Given

0649 MS (12 mg)  
Given

0649 MS (975 mg)  
Given

0649 MS (150 mg)  
Given

0529 PO (200 mg)  
Given

0600 MY (ORP Procedure (C))  
Given

Medications	06/18/17	06/19/17	06/20/17	06/21/17
<b>famotidine (PEPCID) (2 mg/mL) Inj dilution 20 mg</b> Dose: 20 mg Freq: Q12H Route: IV Start: 06/20/17 1045 End: 06/22/17 0821			1045 ED (20 mg)-Given 2125 MY (20 mg)-Given	0827 RG (20 mg)-Given 2158 MY (20 mg)-Given
<b>ondansetron (ZOFTRAN) Inj 4 mg</b> Dose: 4 mg Freq: Q6H PRN Route: IV PRN Reason: Nausea Start: 06/20/17 1019 End: 06/21/17 2218				0058 MY (4 mg)-Given
<b>HYDROMORPHONE 1 mg/mL 50 mL PCA cassette STANDARD</b> Loading Dose: 0 mg PCA Dose: 0.3 mg Lockout Interval: 10 Minutes Basal Rate: 0.2 mg/hr Number of Doses per Hour: 6 doses/hr Freq: CONTINUOUS Route: PCA Start: 06/20/17 2030 End: 06/21/17 2013 <input type="checkbox"/> Admin Instructions: **Final Concentration = 1 mg/mL **  If Loading Dose (bolus dose) is not ordered by the physician, the nurse may give the first PCA dose as bolus after pain assessment.  If pain score greater than or equal to 5 after one hour, increase PCA dose by 0mg one time only and maintain at the increased dosage. Call physician if pain still not relieved after 2 hours of increased dosage.  Use CADD PUMPS!			2124 MY/MM-Rate Change	0659 MY/RG-Nurse Change 1910 RG/MY-Nurse Change  2056 MY-Stopped 2059 MY/AM-Wasted [C]
<b>D5NSS + KCL 20 mEq 1000 mL Infusion</b> Rate: 100 mL/hr Freq: CONTINUOUS Route: IV Start: 06/20/17 1045 End: 06/21/17 1836 <input type="checkbox"/> Admin Instructions: Expires 96 hours after spiking on (date) _____ at (hour) _____			1217 ED ( ) -New Bag 2249 MY ( ) -New Bag	0757 RG ( ) -New Bag



<p>mg</p> <p>Dose: 4 mg Freq: Q6H PRN</p> <p>Route: IV PUSH</p> <p>PRN Reason: Nausea</p> <p>Start: 06/20/17 0803 End: 06/21/17 0802</p> <p><input type="checkbox"/> Admin Instructions:</p> <p>Administer only during the first hour post-op in PACU.</p>				
<p>oxygen GAS 2 L/min(Oxygen)</p> <p>Dose: 2 L/min(Oxygen) Freq:</p> <p>OXYGEN PRN Route: NASAL CANNUL</p> <p>Start: 06/20/17 0830 End: 06/21/17 0759</p> <p><input type="checkbox"/> Admin Instructions:</p> <p>PRN NC OXYGEN at 2L/M to keep O2 saturation greater than 92% UNTIL READY FOR HOME</p> <p>Administer only post-op in PACU</p>			<p>(0830 RG) (1600 RG)</p> <p>-OR/Procedure -Oxygen Off</p>	<p>0000 MY (2 L/min(Oxygen))</p> <p>-Oxygen On</p>
<p>HYDRomorphone 1 mg/mL</p> <p>50 mL PCA cassette</p> <p>STANDARD</p> <p>Loading Dose: 0 mg</p> <p>PCA Dose: 0.3 mg</p> <p>Lockout Interval: 10 Minutes</p> <p>Basal Rate: 0.1 mg/hr</p> <p>Number of Doses per Hour: 6 doses/hr</p> <p>Freq: CONTINUOUS Route: PCA</p> <p>Start: 06/20/17 2000 End: 06/20/17 2000</p> <p><input type="checkbox"/> Admin Instructions:</p> <p>**Final Concentration = 1 mg/mL **</p> <p>If Loading Dose (bolus dose) is not ordered by the physician, the nurse may give the first PCA dose as bolus after pain assessment.</p> <p>If pain score greater than or equal to 5 after one hour, increase PCA dose by 0mg one time only and maintain at the increased dosage. Call physician if pain still not relieved after 2 hours of increased dosage.</p> <p>Use CADD PUMPS!</p>			<p>(2000 MY/MK)-Not Given</p>	

<b>STANDARD</b> Loading Dose: 0 mg PCA Dose: 0.2 mg Lockout Interval: 10 Minutes Basal Rate: 0.1 mg/hr Number of Doses per Hour: 6 doses/hr Freq: CONTINUOUS Route: PCA Start: 06/20/17 1045 End: 06/20/17 1934 <input type="checkbox"/> <u>Admin Instructions:</u> **Final Concentration = 1 mg/mL **  If Loading Dose (bolus dose) is not ordered by the physician, the nurse may give the first PCA dose as bolus after pain assessment.  If pain score greater than or equal to 5 after one hour, increase PCA dose by 0mg one time only and maintain at the increased dosage. Call physician if pain still not relieved after 2 hours of increased dosage.  Use CADD PUMPS!			Bag Change 0652 MS ( ) -New Bag
plasma-Lyte 148 infusion Rate: 100 mL/hr Freq: CONTINUOUS Route: IV Start: 06/20/17 0645 End: 06/20/17 1444 <input type="checkbox"/> <u>Admin Instructions:</u> For Periop use.			1026 ED (0.5 1043 ED (0.5 mg)-Given mg)-Given  1056 ED (0.5 mg)-Given
HYDROMORPHONE (DILAUDID) inj 0.5 mg Dose: 0.5 mg Freq: Q15 MIN PRN Route: IV PUSH PRN Reasons: Pain, Mild,Pain, Moderate,Pain, Severe Start: 06/20/17 0803 End: 06/20/17 1102 <input type="checkbox"/> <u>Admin Instructions:</u> Administer only post-op in PACU. Hold for respiratory rate less than 12.			1011 CB (40 mL)-Given  0759 CB (3,000 mL)-Given
bupivacaine Liposome 20 mL, sodium chloride 0.9% 20 mL inj Freq: ONCE PRN INTRA PROCEDURE Start: 06/20/17 1011 End: 06/20/17 1011			
sodium chloride IR 0.9 % irrigation Freq: ONCE PRN INTRA PROCEDURE Start: 06/20/17 0759 End: 06/20/17 1011			
<b>Medications</b>	06/18/17	06/19/17	06/20/17
			06/21/17

Legend:

**Medications**

**Scheduled Medications**

<b>acetaminophen (TYLENOL) tab 975 mg</b> Dose: 975 mg Freq: QID Route: PO Start: 06/20/17 1200 End: 06/25/17 1159 <input type="checkbox"/> Admin Instructions: Maximum of 4 grams (4000 mg) per day.	0552 1148 TT 1800 2200 MY (975 mg)- Given
<b>alvimopan (ENTEREG) cap 12 mg</b> Dose: 12 mg Freq: BID Route: PO Start: 06/21/17 0900 End: 06/28/17 0859 <input type="checkbox"/> Admin Instructions: POD 1	0816 TT 2100 (12 mg)- Given
<b>celecoxib (CeleBREX) cap 200 mg</b> Dose: 200 mg Freq: DAILY Route: PO Start: 06/21/17 0900 End: 06/24/17 0859 <input type="checkbox"/> Admin Instructions: POD #1	0816 TT (200 mg)- Given
<b>docusate sodium (COLACE) cap 100 mg</b> Dose: 100 mg Freq: BID Route: PO Start: 06/21/17 2100 <input type="checkbox"/> Admin Instructions: For oral administration ONLY, if route of administration is other than oral and alternative product must be ordered.	0816 TT 2100 (100 mg)- Given
<b>DULoxetine (CYMBALTA) DR cap 60 mg</b> Dose: 60 mg Freq: DAILY Route: PO Start: 06/20/17 1045	(0900 TT)-Not Given
<b>Enoxaparin Sodium (LOVENOX) inj 40 mg</b> Dose: 40 mg Freq: DAILY1000 Route: SUBQ Start: 06/21/17 1000 <input type="checkbox"/> Admin Instructions: If patient is on warfarin, inform provider if daily INR value is 2 or greater!	0935 TT (40 mg)- Given
<b>famotidine (PEPCID) tab 20 mg</b> Dose: 20 mg Freq: Q12H Route: PO Start: 06/22/17 0900	0935 TT 2100 (20 mg)- Given
<b>oxygen GAS 2 L/min(Oxygen)</b> Dose: 2 L/min(Oxygen) Freq: OXYGEN CONTINUOUS Route: NASAL CANNUL Start: 06/20/17 1045	(0000 (0800 1600 MY)- TT)- Oxygen Oxygen Off Off
<b>senna (SENOKOT) 1 Tab</b> Dose: 1 Tab Freq: DAILY Route: PO Start: 06/21/17 1245	0816 TT (1 Tab)- Given

**PRN Medications**

**Medications**

Start: 06/21/17 0814

**fentaNYL (PF) inj 50 mcg**

Dose: 50 mcg Freq: Q5 MIN PRN Route: IV

PUSH

PRN Reason: Other

PRN Comment: Breakthrough Pain

Start: 06/20/17 0803

☐ Admin Instructions:

Administer only post-op in PACU

**HYDROmorphone (DILAUDID) inj 0.2 mg**

Dose: 0.2 mg Freq: Q3H PRN Route: IV PUSH

PRN Reason: Pain, Breakthrough

Start: 06/21/17 2013

**naloxone (NARCAN) 0.4 MG/ML inj 0.08 mg**

Dose: 0.08 mg Freq: PRN Route: IV PUSH

PRN Reason: Other

PRN Comment: RR less than 8

Start: 06/20/17 1022

☐ Admin Instructions:

Stop and call House Officer, may repeat 0.04 mg IVP q1 minute

**oxyCODONE (OXY IR) tab 10 mg**

Dose: 10 mg Freq: Q4H PRN Route: PO

PRN Reason: Pain, Severe

Start: 06/21/17 2012

0404 0816 TT

MY (10 (10 mg)

mg)- -Given

Given

**oxyCODONE (OXY IR) tab 5 mg**

Dose: 5 mg Freq: Q4H PRN Route: PO

PRN Reasons: Pain, Mild,Pain, Moderate

Start: 06/21/17 2012

**Completed (Course of Treatment is Done) Medications****Medications****potassium chloride ER tab 30 mEq**

Dose: 30 mEq Freq: ONCE Route: PO

Start: 06/22/17 0900 End: 06/22/17 0935

☐ Admin Instructions:

this med should NOT be Crushed or Chewed

0935 TT

(30

mEq)-

Given

**traMADol ER (ULTRAM ER) tab 200 mg**

Dose: 200 mg Freq: ONCE Route: PO

Start: 06/21/17 1000 End: 06/21/17 0922

☐ Admin Instructions:

POD #1

**cefOXitin in D5W (MEFOXIN) ivpb 2 g**

Dose: 2 g Freq: ONCALL Route: IVPB

Start: 06/20/17 0619 End: 06/20/17 0722

☐ Admin Instructions:

MIX BEFORE ADMINISTERING!

**hEParin inj 5,000 Units**

Dose: 5,000 Units Freq: PREOP Route: SUBQ

Start: 06/21/17 0600 End: 06/20/17 0852

**Start:** 06/20/17 0619 **End:** 06/20/17 0649  
☐ **Admin Instructions:**  
 Alvimopan (Entereg) should NOT be used in patients who have taken therapeutics (3 or more doses) of opioids within the previous 7 days or in patients who have a complete bowel obstruction.

**acetaminophen (TYLENOL) tab 975 mg**  
**Dose:** 975 mg **Freq:** ONCE **Route:** PO  
**Start:** 06/20/17 0645 **End:** 06/20/17 0649  
☐ **Admin Instructions:**  
 In PACU. Administer 1 to 2 hours preop

**pregabalin (LYRICA) cap 150 mg**  
**Dose:** 150 mg **Freq:** ONCE **Route:** PO  
**Start:** 06/20/17 0645 **End:** 06/20/17 0649  
☐ **Admin Instructions:**  
 In PACU. Administer 1 to 2 hours preop

**tramadol ER (ULTRAM ER) tab 200 mg**  
**Dose:** 200 mg **Freq:** ONCE **Route:** PO  
**Start:** 06/20/17 0645 **End:** 06/20/17 0649  
☐ **Admin Instructions:**  
 In PACU. Administer 1 to 2 hours preop

## Discontinued Medications

### Medications

**famotidine (PEPCID) (2 mg/mL) inj**  
**dilution 20 mg**

**Dose:** 20 mg **Freq:** Q12H **Route:** IV  
**Start:** 06/20/17 1045 **End:** 06/22/17 0821

**ondansetron (ZOFTRAN) inj 4 mg**

**Dose:** 4 mg **Freq:** Q6H PRN **Route:** IV  
**PRN Reason:** Nausea  
**Start:** 06/20/17 1019 **End:** 06/21/17 2218

**HYDROMorphone 1 mg/mL 50 mL PCA**  
**cassette STANDARD**

**Loading Dose:** 0 mg  
**PCA Dose:** 0.3 mg  
**Lockout Interval:** 10 Minutes  
**Basal Rate:** 0.2 mg/hr  
**Number of Doses per Hour:** 6 doses/hr  
**Freq:** CONTINUOUS **Route:** PCA  
**Start:** 06/20/17 2030 **End:** 06/21/17 2013  
☐ **Admin Instructions:**  
**\*\*Final Concentration = 1 mg/mL \*\***

If Loading Dose (bolus dose) is not ordered by the physician, the nurse may give the first PCA dose as bolus after pain assessment.

If pain score greater than or equal to 5 after one hour, increase PCA dose by 0mg one time only and maintain at the increased dosage. Call physician if pain still not relieved after 2 hours of increased dosage.

**Use CADD PUMPS!**

**D5NSS + KCL 20 mEq 1000 mL Infusion**

**Rate:** 100 mL/hr **Freq:** CONTINUOUS **Route:** IV  
**Start:** 06/20/17 1045 **End:** 06/21/17 1836

☐ **Admin Instructions:**  
**Expires 96 hours after spiking on (date)**  
**at (hour)**



Dose: 4 mg Freq: QON PRN Route: IV PUSH  
PRN Reason: Nausea  
Start: 06/20/17 0803 End: 06/21/17 0802  
☐ Admin Instructions:  
Administer only during the first hour post-op in PACU.

**oxygen GAS 2 L/min(Oxygen)**  
Dose: 2 L/min(Oxygen) Freq: OXYGEN PRN  
Route: NASAL CANNUL  
Start: 06/20/17 0830 End: 06/21/17 0759  
☐ Admin Instructions:  
PRN NC OXYGEN at 2L/M to keep O2 saturation greater than 92% UNTIL READY FOR HOME  
Administer only post-op in PACU

**HYDROMorphone 1 mg/mL 50 mL PCA cassette STANDARD**

Loading Dose: 0 mg  
PCA Dose: 0.3 mg  
Lockout Interval: 10 Minutes  
Basal Rate: 0.1 mg/hr  
Number of Doses per Hour: 6 doses/hr  
Freq: CONTINUOUS Route: PCA  
Start: 06/20/17 2000 End: 06/20/17 2000  
☐ Admin Instructions:  
\*\*Final Concentration = 1 mg/mL \*\*

If Loading Dose (bolus dose) is not ordered by the physician, the nurse may give the first PCA dose as bolus after pain assessment.

If pain score greater than or equal to 5 after one hour, increase PCA dose by 0mg one time only and maintain at the increased dosage. Call physician if pain still not relieved after 2 hours of increased dosage.

Use CADD PUMPS!

**HYDROMorphone 1 mg/mL 50 mL PCA cassette STANDARD**

Loading Dose: 0 mg  
PCA Dose: 0.2 mg  
Lockout Interval: 10 Minutes  
Basal Rate: 0.1 mg/hr  
Number of Doses per Hour: 6 doses/hr  
Freq: CONTINUOUS Route: PCA  
Start: 06/20/17 1045 End: 06/20/17 1934  
☐ Admin Instructions:  
\*\*Final Concentration = 1 mg/mL \*\*

If Loading Dose (bolus dose) is not ordered by the physician, the nurse may give the first PCA dose as bolus after pain assessment.

If pain score greater than or equal to 5 after one hour, increase PCA dose by 0mg one time only and maintain at the increased dosage. Call physician if pain still not relieved after 2 hours of increased dosage.

Use CADD PUMPS!

**plasma-Lyte 148 Infusion**

Rate: 100 mL/hr Freq: CONTINUOUS Route: IV  
Start: 06/20/17 0645 End: 06/20/17 1444  
☐ Admin Instructions:  
For Periop use.

Dose: 0.5 mg Freq: Q15 MIN PRN Route: IV

PUSH

PRN Reasons: Pain, Mild, Pain, Moderate, Pain,

Severe

Start: 06/20/17 0803 End: 06/20/17 1102

☐ Admin Instructions:

Administer only post-op in PACU.

Hold for respiratory rate less than 12.

bupivacaine Liposome 20 mL, sodium  
chloride 0.9% 20 mL inj

Freq: ONCE PRN INTRA PROCEDURE

Start: 06/20/17 1011 End: 06/20/17 1011

sodium chloride IR 0.9 % Irrigation

Freq: ONCE PRN INTRA PROCEDURE

Start: 06/20/17 0759 End: 06/20/17 1011

**Medications**

Below is a complete listing of your active medications to be taken after you leave the hospital. Use this list as a daily guide for how and when to take each medication. Please bring this list with you to your future appointments.

**REMINDER:** Continue to take all medications until changed or stopped by your doctor or other health care provider.

## Active Medications

### TAKE These Medications After Discharge

	INSTRUCTIONS
<b>Acetaminophen 500 MG Capsule</b>	Take 2 caps by mouth every 8 hours through 6/24/2017; then 1 cap every 6 hours as needed for pain
<b>docusate sodium 100 MG Capsule</b> Commonly known as: COLACE	Take 1 Cap by mouth 2 times a day. See PCP for management.
<b>DULoxetine 60 MG Cpep</b> Commonly known as: CYMBALTA	Take 60 mg by mouth daily.
<b>Enoxaparin Sodium 40 MG/0.4ML injection</b> Commonly known as: LOVENOX	Inject 40 mg under the skin every morning. Last dose 6/30/2017.
<b>MOTRIN IB 200 MG Tablet</b> Generic drug: ibuprofen	Take 600 mg by mouth every 4 hours as needed for Pain.
<b>oxyCODONE 5 MG immediate release tablet</b> Commonly known as: OXY IR	Take 1 - 2 tabs by mouth every 4 hours as needed for pain
<b>senna Tablet</b> Commonly known as: SENOKOT	Take 1 Tab by mouth daily. See PCP for management.
<b>triamcinolone 0.1% / eucerin 1:1 1:1 lotion</b>	Apply topically to affected area 2 times a day. Apply to affected areas.
<b>triamcinolone acetonide (topical) Aers</b> Commonly known as: KENALOG	Apply 2 Sprays topically to affected area once.

## Where to Get Your Medications



Mid Level Provider - Evaluation encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Ayers, Jessie PA-C

**Chief Complaint:** Urinary Problem

**Subjective:** Inmate states that he has been urinating blood for the last 4-5 days. He denies that he had any symptoms when he was in the hospital but states it started shortly after returning to the SMU. Inmate denies any pain with urination, frequency or urgency. He states he primarily sees the blood with his first morning urine.

**Pain:** No

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

**Skin**

**General**

Yes: Within Normal Limits

**Eyes**

**General**

Yes: Extraocular Movements Intact

**Pulmonary**

**Observation/Inspection**

No: Respiratory Distress

**Cardiovascular**

**Observation**

Yes: Within Normal Limits

**ASSESSMENT:**

Unsp symptoms and signs involving the genitourinary system, R399 - Current

**PLAN:**

**New Non-Medication Orders:**

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Urine Dipstick	One Time			Ayers, Jessie PA-C

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

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Officer called to medical to notify staff that inmate reported blood in urine. When I went over to speak with Inmate I requested him as to why he did not mention any issues with his urination this morning when I spoke with him. Inmate states he told someone about it when he first came back from the hospital and he was told it was normal. I then informed the inmate I needed a urine specimen. He was willing to provide one at that time until he was told that the officer was going to watch him urinate into the cup so we knew we had a clean specimen. Inmate was then unable to go at that time. He was later able to provide specimen which was clear and showed no blood on dip. The inmate is currently having rectal bleeding from his surgical procedure so we needed direct visualization of urination to insure no cross contamination occurred.

In light of a negative urine dip for blood or any signs of infection no treatments are needed. He should follow up during regular sick call if symptoms return.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/28/2017	Counseling	Plan of Care	Ayers, Jessie	Attentive

**Copay Required:** Yes

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Ayers, Jessie PA-C on 06/28/2017 12:45

Case 1:18-cv-02208-SHR-EB Document 1 Filed 11/14/18 Page 63 of 179  
Inmate Name: RAMIREZ, ERNESTO ALONZO Sex: M Race: WHITE Facility: LEW  
Date of Birth: 12/16/1976 Provider: Edinger, Andrew MD/CD Unit: X03  
Encounter Date: 07/11/2017 11:11

Physician - Medical Trip Return encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Edinger, Andrew MD/CD

**Chief Complaint:** GASTROINTESTINAL

**Subjective:** Inmate returns from surgical follow up for his sigmoid resection and rectopexy. He is doing well and tolerating a regular diet. He was instructed to continue to avoid straining and has a 20lb lifting restriction for an additional 3 weeks.

**Pain:** No

**OBJECTIVE:**

**ASSESSMENT:**

Rectal prolapse, K623 - Current

**PLAN:**

**New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
General Surgery	08/21/2017	08/21/2017	Routine	No	

**Subtype:**

Evaluation - Outside

**Reason for Request:**

Inmate had severe rectal prolapse. He underwent rectopexy and sigmoid resection 4 weeks ago. Surgery has requested a follow up in 1 month. This request is for that visit.

**Provisional Diagnosis:**

Rectal Prolapse

**Disposition:**

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

**Other:**

Inmate was cautioned to avoid straining, maintain the 20lb. lifting restriction, and report any changes to health services.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/12/2017	Counseling	Plan of Care	Edinger, Andrew	Verbalizes Understanding

Completed by Edinger, Andrew MD/CD on 07/12/2017 11:37

Ramirez, Ernesto A

Progress Notes Encounter Date: 7/11/2017

 Christopher J Buzas, DO  
Colon and Rectal Surgery

**COLORECTAL SURGERY**  
**Geisinger Medical Center**

Ernesto A Ramirez  
5956514

**Subjective:** Ernesto A Ramirez is a 40 year old male who is status post resection rectopexy on 6/21/2017 for rectal prolapse.

Doing well

No nausea or emesis.

No fevers or chills

Minimal LLQ pain

No recurrent prolapse

**Objective:**

BP 128/81 | Pulse 80 | Temp (Src) 97.6 (Tympanic) | Ht 6' 0" (1.829m) | Wt 250 lbs (113.399kg)  
| BMI 33.91 kg/m<sup>2</sup> | BSA 2.4 m<sup>2</sup>

General: alert and oriented x 3 and NAD

Abdomen: Soft, non distended, non tender, surgical incisions healed well

Anal: External appearance - no fissure, no mass, no fistula and no recurrent prolapse

Internal - DRE normal tone, no gross blood or mass

Skin: no skin changes, no rash and no wounds

**Assessment:**

Doing well s/p laparoscopic resection rectopexy for rectal prolapse

**Plan:**

Regular diet

Resume activities other than heavy lifting

Lots of fluid

F/U 4 weeks

15 minutes spent with patient. Greater than 50% of time spent in counseling and coordination of patient's care.

Christopher J Buzas, DO  
Geisinger Health System  
General Surgery, Danville

100 N Academy Ave  
Danville PA 17822  
Phone: 570-271-6361  
Fax: 570-271-8324

Electronically signed by Christopher J Buzas, DO at 07/11/17 1504

Office Visit on 7/11/2017  
Note shared with patient

Inmate Name: RAMIREZ, ERNESTO ALONZO

Date of Birth: 12/16/1976

Sex: M

Reg #: 81642-079

Race: WHITE

Scanned Date: 07/13/2017 14:08 EST

Facility: LEW

Reviewed by Edinger, Andrew MD/CD on 07/13/2017 15:47.

Case 1:18-cv-02308-SHP-EB Document 1 Filed 11/14/18 Page 68 of 100  
Inmate Name: RAMIREZ, ERNESTO ALONZO Reg ID: 81042-079  
Date of Birth: 12/16/1976 Sex: M Race: WHITE Facility: LEW  
Encounter Date: 07/14/2017 12:01 Provider: Ayers, Jessie PA-C Unit: X03

Mid Level Provider - Wound Care encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Ayers, Jessie PA-C

**Chief Complaint:** Other Problem

**Subjective:** Inmate states he sat up today and felt what looked like a pimple over his incision pop. Inmate states it has been draining since. Inmate denies any fevers, redness or warmth of incision.

**Pain:** No

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Lethargic, Appears in Pain, Diaphoretic

**Skin**

**Operative Incision**

Yes: Approximated, Small drainage

**Exam Comments**

Inmate's lower abdominal incision appears to have formed a superficial pustule which is draining. No signs of secondary cellulitis noted.

**ASSESSMENT:**

Rectal prolapse, K623 - Current

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

Inmate instructed to avoid touching wound. He was given gauze, triple antibiotic ointment and tape to dress area on own. Most likely this is secondary to retained dissolvable suture which body has rejected. Inmate to follow up if it continues to drain or becomes red and warm.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/14/2017	Counseling	Plan of Care	Ayers, Jessie	Attentive



Completed by Ayers, Jessie PA-C on 07/14/2017 12:05

Case 1:18-cv-02208-SHP-EP Document 1 Filed 11/14/18 Page 70 of 100  
Inmate Name: RAMIREZ, ERNESTO ALONZO Reg #: 81642-079  
Date of Birth: 12/16/1976 Sex: M Race: WHITE  
Encounter Date: 07/15/2017 07:54 Provider: Fahringer, Matthew NRP Facility: LEW

---

**Cosigned by Edinger, Andrew MD/CD on 07/17/2017 14:17.**

Inmate Name:	RAMIREZ, ERNESTO ALONZO	Reg #:	81642-079
Date of Birth:	12/16/1976	Sex:	M
Encounter Date:	07/15/2017 07:54	Provider:	Fahringer, Matthew NRP
		Race:	WHITE
		Facility:	LEW

Reviewed by Ayers, Jessie PA-C on 07/17/2017 04:45.

Case 1:18-cv-02208-SHR-FB Document 1 Filed 11/14/18 Page 72 of 100  
Inmate Name: RAMIREZ, ERNESTO ALONZO Reg#: 61642-079  
Date of Birth: 12/16/1976 Sex: M Race: WHITE Facility: LEW  
Encounter Date: 07/15/2017 07:54 Provider: Fahringer, Matthew NRP Unit: X03

EMT/Para - Wound Care encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Fahringer, Matthew NRP

**Chief Complaint:** Skin Problem

**Subjective:** Wound Care

**Pain:** No

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative, Anxious

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain, Writhing in Pain

**Skin**

**General**

Yes: Within Normal Limits, Dry, Warmth

**Wound**

Yes: Wounds present, Drainage, Sero-Sanguineous Drainage, Small amount of drainage, Wound Improving

No: Sloughing Tissue, Necrotic Tissue, Redness, Firmness, Pain

**ASSESSMENT:**

**Wound Care**

I/M stopped staff on Pill Line and stated that his abdominal incision area is draining more then it was yesterday. I/M stated that he had to change is boxers overnight due to drainage and has changed his dressing twice. I/M showed me his boxers which was noted to have sero-sanguineous drainage on them and his gauze pads which also had the same drainage on them. I/M also relays that he has a small piece of fat coming from the incision. I/M brought to UCR for dressing change and evaluation. I/M noted to have a small amount of drainage on the old dressing. I/M noted to have a small pin hole sized opening at the top of the old incision. Dr. Edinger contacted and stated he believed it to be a rejected internal suture and that they will follow-up with him on Monday and to perform dressing change on him tomorrow and evaluate for worsening. Area cleaning with NSS/Peroxide. Wound covered with Non-stick and ABD pad. I/M returned to unit with staff.

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

Follow-up in 12-24 Hours

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
Generated 07/15/2017 12:33 by Fahringer, Matthew NRP		Bureau of Prisons - LEW		Page 1 of 2

**Date Initiated** **Format**  
07/15/2017 Counseling

**Handout/Topic**  
Access to Care

**Provider**  
Fahringer, Matthew

**Outcome**  
Verbalizes  
Understanding  
Verbalizes  
Understanding

07/15/2017 Counseling

Wound Care

Fahringer, Matthew

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** Yes **By:** Edinger, Andrew MD/CD

**Telephone or Verbal order read back and verified.**

Completed by Fahringer, Matthew NRP on 07/15/2017 12:33  
Requested to be cosigned by Edinger, Andrew MD/CD.  
Cosign documentation will be displayed on the following page.  
Requested to be reviewed by Ayers, Jessie PA-C.  
Review documentation will be displayed on the following page.

Inmate Name: RAMIREZ, ERNESTO ALONZO

Reg #: 81642-079

Date of Birth: 12/16/1976

Sex: M Race: WHITE

Facility: LEW

Encounter Date: 07/16/2017 09:43

Provider: Fahringer, Matthew NRP

Unit: X03

EMT/Para - Wound Care encounter performed at Health Services.

**SUBJECTIVE:****COMPLAINT 1** Provider: Fahringer, Matthew NRP**Chief Complaint:** Other Problem**Subjective:** Dressing Change**Pain:** No**OBJECTIVE:****Exam:****General****Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain, Writhing in Pain

**Skin****General**

Yes: Within Normal Limits, Dry, Skin Intact, Warmth

**Wound**

Yes: Clean, Dry and Intact, Wounds present, Drainage, Sero-Sanguineous Drainage, Small amount of drainage, Wound unchanged

No: Pink/Red Granulation Tissue, Sloughing Tissue, Necrotic Tissue, Redness, Firmness, Pain, Decreased Drainage, Increased Drainage

**ASSESSMENT:****Wound Care**

I/M brought to UCR for dressing change. I/M noted to have a small amount of drainage on the old dressing. I/M noted to have a small pin hole sized opening at the top of the old incision. I/M states that wound is draining about the same amount overnight as previous night. Area cleaning with NSS/Peroxide. Wound covered with Non-stick and ABD pad. I/M returned to unit with staff.

**PLAN:****Disposition:**

Follow-up at Sick Call as Needed

Follow-up in 12-24 Hours

**Patient Education Topics:****Date Initiated Format**

07/16/2017 Counseling

**Handout/Topic**

Access to Care

**Provider**

Fahringer, Matthew

**Outcome**

Verbalizes Understanding

Date Initiated Format  
07/16/2017 Counseling

Handout/Topic  
Wound Care

Provider  
Fahringer, Matthew

Outcome  
Verbalizes  
Understanding

**Copay Required:** No  
**Telephone/Verbal Order:** No

**Cosign Required:** Yes

Completed by Fahringer, Matthew NRP on 07/16/2017 09:47  
Requested to be cosigned by Edinger, Andrew MD/CD.  
Cosign documentation will be displayed on the following page.  
Requested to be reviewed by Ayers, Jessie PA-C.  
Review documentation will be displayed on the following page.

Inmate Name:	RAMIREZ, ERNESTO ALONZO	Reg #:	81642-079
Date of Birth:	12/16/1976	Sex:	M
Encounter Date:	07/16/2017 09:43	Race:	WHITE
		Provider:	Fahringer, Matthew NRP
		Facility:	LEW

**Reviewed by Ayers, Jessie PA-C on 07/17/2017 04:48.**



Inmate Name: RAMIREZ, ERNESTO ALONZO

Reg #: 81642-079

Date of Birth: 12/16/1976

Sex: M

Race: WHITE

Encounter Date: 07/16/2017 09:43

Provider: Fahringer, Matthew NRP

Facility: LEW

Cosigned by Edinger, Andrew MD/CD on 07/17/2017 15:38.

**Clinical Encounter - Administrative Note**

Case 1:18-cv-02208-SHR-EB Document 1 Filed 11/14/18 Page 78 of 100

Inmate Name:	RAMIREZ, ERNESTO ALONZO	Reg #:	81642-079
Date of Birth:	12/16/1976	Sex:	M Race: WHITE
Note Date:	07/18/2017 06:41	Provider:	Ayers, Jessie PA-C
		Facility:	LEW
		Unit:	X03

Admin Note - Chart Review encounter performed at Health Services.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1**      **Provider:** Ayers, Jessie PA-C

Medication renewal:

Inmate requesting renewal of fiber tabs. Will renew.

**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
172988-LEW	Calcium Polycarbophil 625 MG Tab	07/18/2017 06:41	Take two tablets (1250 MG) by mouth twice daily Take with a glassful of water x 90 day(s)

**Indication:** Infectious gastroenteritis and colitis, unspecified

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Ayers, Jessie PA-C on 07/18/2017 06:42

**Clinical Encounter - Administrative Note**

Case 1:18-cv-02208-SHR-EB Document 1 Filed 11/14/18 Page 79 of 100

Inmate Name:	RAMIREZ, ERNESTO ALONZO	Reg #:	81642-079
Date of Birth:	12/16/1976	Sex:	M Race: WHITE
Note Date:	08/04/2017 06:40	Provider:	Ayers, Jessie PA-C
		Facility:	LEW
		Unit:	X03

Admin Note - Chart Review encounter performed at Health Services.

**Administrative Notes:****ADMINISTRATIVE NOTE 1**

Provider: Ayers, Jessie PA-C

Inmate requesting renewal of Lactulose. He states he is having regular soft bowel movements while on it. Will renew.

**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
175122-LEW	Lactulose Soln (473 ML) 10 GM/15 ML	08/04/2017 06:40	Take 2 tablespoonfuls (30mL) by mouth each day x 30 day(s)

Indication: Rectal prolapse

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ayers, Jessie PA-C on 08/04/2017 06:41

6/21/2017 5:22 PM - Interface, Diagnostic Two (continued)

## Linked Documents (continued)

Name: RAMIREZ, ERNESTO A		GEISINGER MEDICAL LABORATORIES
DOB (AGE): Sex: 12/16/1976 (40) M	Billing #: 1412026558	
MRN (Client MRN): 5956514	Order #: 413648125	
Location: BP06	Collected Date: 6/20/2017	Accession #: S17-38905
Copy To: Corrine M Blumling MD	Accession Date: 6/20/2017	Client Case #:
Outside Client:	Reported Date: 6/21/2017	Report Type: Final Report
	Submitting: - Christopher J Buzas DCI	

## SURGICAL PATHOLOGY DIAGNOSIS

Electronically Signed Out: William Quinones, MD - GMC Lab

- A. Colon, sigmoid and proximal rectum, segmental resection:  
Segment of colon with focal erosion and vascular congestion  
Margins appear viable in the sections examined
- B. Colon, anastomotic rings, resection:  
Segment of colon with no significant pathologic change

Rectal prolapse.

\*A: Received fresh with a container labeled with "ERNESTO RAMIREZ", "5956514" and "sigmoid and proximal rectum". The specimen consists of a partial colon resection, 17.5 cm in length x 2.6 cm in diameter with mild to moderate adherent pericolic adipose tissue. The serosal surface is pink-tan smooth and glistening. The staple lines are removed and the mucosa is red-tan smooth and glistening with a normal folding pattern without a discrete lesion or areas of ulceration. One pink to tan and intact diverticulae, 0.4 cm in greatest dimensions. Representative sections are submitted.

\*B: Received fresh with a container labeled with "ERNESTO RAMIREZ", "5956514" and "anastomotic rings". The specimen is consists of 2 red-tan circular fragment of bowel ranging in size from 1.9-2.2 cm in greatest dimensions. The mucosa is smooth glistening and unremarkable. The staple lines are removed the fragments are submitted in cassette B1.  
Grossed By: ARY

## Summary of Sections:

\*A: A1-A2 margins en face, A3 unremarkable mucosa, A4 diverticula

- A: A macroscopic evaluation has been performed and findings support the above diagnosis  
B: A macroscopic evaluation has been performed and findings support the above diagnosis.

CPT Code (s): A: 86307; B: 86305

Photographic images and diagrams represent key findings in this case; they are not intended to replace a complete review of the final diagnostic report.  
The following statement applies to this Geisinger, Blumling, or any Hybridized Anatomic and Molecular Laboratory. This test was developed and performed at Geisinger Medical Center and its performance characteristics described by Geisinger Medical Laboratories. It has not been cleared or approved by the FDA, and it is not a drug. The test is not intended to be used for diagnosis or treatment. The test is not intended to be used for diagnosis or treatment. The test is not intended to be used for diagnosis or treatment.

RAMIREZ, ERNESTO A      MRN: 5956514      S17-38905      Page 1 of 1  
Geisinger Medical Center (GMC), 100 N Academy Ave, Danville PA 17822 • Geisinger Wyoming Valley Medical Center (GVMC), 1000 N Main St, Wilkes-Barre PA 18711  
Geisinger Community Medical Center (GCMC), 1800 Midway St, Scranton PA 18510 • Geisinger Muncie Medical Center (GMC), 540 E 1st St, Muncie PA 47304  
Geisinger Lewisburg Hospital (LH), 400 Highland Ave, Lewisburg PA 17044 • Geisinger Holy Spirit Hospital (HSH), 303 N 2nd St, Camp Hill PA 17011 • 1-800-495-6491

View Report Image

Printed on 8/4/2017 11:51 AM

6/21/2017 5:22 PM - Interface, Diagnostic Two (continued)

**Linked Documents (continued)**

**Lab and Collection**

SURGICAL PATHOLOGY on 6/20/2017

**Result History**

SURGICAL PATHOLOGY on 6/21/2017

**Reviewed By List**

Christopher J Buzas, DO on 6/23/2017 7:44 AM

Corrine Marie Blumling, MD on 6/21/2017 5:52 PM

**Lab Information**

Lab

GMLCOPATH

**Additional Information**

**Specimen ID**

S1738905

**Bill Type**

**Client ID**

**Annotated Images**

None

**END OF REPORT**

Inmate Name: RAMIREZ, ERNESTO ALONZO

Reg #: 81642-079

Date of Birth: 12/16/1976

Sex: M Race: WHITE

Facility: LEW

Encounter Date: 08/24/2017 12:41

Provider: Barth, Matthew EMT-P

Unit: X03

EMT/Para - Medical Trip Return encounter performed at Special Housing Unit.

**SUBJECTIVE:****COMPLAINT 1**      **Provider:** Barth, Matthew EMT-P**Chief Complaint:** No Complaint(s)**Subjective:** Returns from outside hospital trip.**Pain:** No**OBJECTIVE:****ASSESSMENT:**

No Significant Findings/No Apparent Distress

Inmate returns from outside medical trip for a 1 month post op follow up. Returns with no paperwork, will follow up with PCP.

**PLAN:****Disposition:**

Follow-up at Sick Call as Needed

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>
08/24/2017	Counseling

<u>Handout/Topic</u>
Plan of Care

<u>Provider</u>
Barth, Matthew

<u>Outcome</u>
Attentive

**Copay Required:** No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Barth, Matthew EMT-P on 08/24/2017 12:44

Requested to be cosigned by Edinger, Andrew MD/CD.

Cosign documentation will be displayed on the following page.

Inmate Name: RAMIREZ, ERNESTO ALONZO  
 Date of Birth: 12/16/1976  
 Scanned Date: 08/14/2017 10:24 EST

Sex: M

Reg #: 81642-079  
 Race: WHITE  
 Facility: LEW

Reviewed by Edinger, Andrew MD/CD on 08/17/2017 12:12.

Encounter Date: 08/24/2017

Ramirez, Ernesto A

81642-079

MRN: 5956514  
Description: 40 year old male

Progress Notes Encounter Date: 8/24/2017



Christopher J Buzas, DO  
Colon and Rectal Surgery

**COLORECTAL SURGERY**  
Gelsinger Medical Center

Ernesto A Ramirez  
5956514

**Subjective:** Ernesto A Ramirez is a 40 year old male who is status post resection rectopexy on 6/21/2017 for rectal prolapse.

Doing well  
No nausea or emesis  
No fevers or chills  
No pain  
Good bowel function  
No recurrence

**Objective:**

BP 166/96 | Pulse 74 | Temp (Sre) 97.4 (Tympanic) | Resp 18 | Wt 251 lbs 6 oz (114.080kg) |  
BMI 34.11 kg/m<sup>2</sup> | BSA 2.41 m<sup>2</sup>  
General: alert and oriented x 3 and NAD  
Abdomen: Soft, non distended, non tender, surgical incisions healed well  
Anal: External appearance - no fissure, no mass, no fistula and no recurrent prolapse  
Internal - DRE normal tone, no gross blood or mass  
Skin: no skin changes, no rash and no wounds

**Assessment:**

Doing well a/p laparoscopic resection rectopexy for rectal prolapse

**Plan:**

Regular diet  
Resume all activities

F/U PRN

15 minutes spent with patient. Greater than 50% of time spent in counseling and coordination of patient's care.

Christopher J Buzas, DO  
Gelsinger Health System  
General Surgery, Danville



Encounter Date: 08/24/2017

100 N Academy Ave  
Danville PA 17822  
Phone: 570-271-6361  
Fax: 570-271-8324

Electronically signed by Christopher J Buzas, DO at 08/24/17 1146

Office Visit on 8/24/2017  
Note shared with patient

Inmate Name: RAMIREZ, ERNESTO ALONZO

Date of Birth: 12/16/1976

Sex: M

Reg #: 81642-079

Race: WHITE

Scanned Date: 08/29/2017 10:43 EST

Facility: LEW

Reviewed by Edinger, Andrew MD/CD on 08/29/2017 11:48.

**Clinical Encounter - Administrative Note**

Case 1:18-cv-02208-SHR-EB Document 1 Filed 11/14/18 Page 87 of 100

Inmate Name:	RAMIREZ, ERNESTO ALONZO	Reg #:	81642-079
Date of Birth:	12/16/1976	Sex:	M Race: WHITE
Note Date:	09/11/2017 07:03	Provider:	Ayers, Jessie PA-C
		Facility:	LEW
		Unit:	X03

Admin Note - Chart Review encounter performed at Health Services.

**Administrative Notes:****ADMINISTRATIVE NOTE 1****Provider:** Ayers, Jessie PA-C

Inmate requesting renewal of Lactulose due to refractory constipation. Will renew.

**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
176413-LEW	Lactulose Soln (473 ML) 10 GM/15 ML	09/11/2017 07:03	Take 2 tablespoonfuls (30mL) by mouth each day Take with a glassful of water x 30 day(s)

**Indication:** Rectal prolapse

**Copay Required:** No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Ayers, Jessie PA-C on 09/11/2017 07:05

**Clinical Encounter - Administrative Note**

Case 1:18-cv-02208-SHR-EB Document 1 Filed 11/14/18 Page 88 of 100

Inmate Name:	RAMIREZ, ERNESTO ALONZO	Reg #:	81642-079
Date of Birth:	12/16/1976	Sex:	M Race: WHITE
Note Date:	09/20/2017 07:01	Provider:	Ayers, Jessie PA-C
		Facility:	LEW
		Unit:	X03

Admin Note - Chart Review encounter performed at Health Services.

**Administrative Notes:****ADMINISTRATIVE NOTE 1**

Provider: Ayers, Jessie PA-C

Inmate requesting renewal of his docusate sodium. He has been compliant in the past, will renew.

**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
175118-LEW	Docusate Sodium 100 MG Cap	09/20/2017 07:01	Take one capsule (100 MG) by mouth twice daily x 90 day(s)

Indication: Rectal prolapse

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ayers, Jessie PA-C on 09/20/2017 07:01

**Clinical Encounter - Administrative Note**

Case 1:18-cv-02208-SHR-EB Document 1 Filed 11/14/18 Page 89 of 100

Inmate Name:	RAMIREZ, ERNESTO ALONZO	Reg #:	81642-079
Date of Birth:	12/16/1976	Sex:	M Race: WHITE
Note Date:	10/16/2017 07:31	Provider:	Ayers, Jessie PA-C
		Facility:	LEW
		Unit:	X03

Admin Note - Chart Review encounter performed at Health Services.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1**      **Provider:** Ayers, Jessie PA-C

Inmate needs calcium polycarbophil renewed.

**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
175822-LEW	Calcium Polycarbophil 625 MG Tab	10/16/2017 07:31	Take two tablets (1250 MG) by mouth twice daily Take with a glassful of water x 90 day(s)

**Indication:** Infectious gastroenteritis and colitis, unspecified

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Ayers, Jessie PA-C on 10/16/2017 07:31

**Clinical Encounter - Administrative Note**

Case 1:18-cv-02208-SHR-EB Document 1 Filed 11/14/18 Page 90 of 100

Inmate Name: RAMIREZ, ERNESTO ALONZO  
Date of Birth: 12/16/1976  
Note Date: 10/24/2017 06:51

Sex: M Race: WHITE  
Provider: Ayers, Jessie PA-C

Reg #: 81642-079  
Facility: LEW  
Unit: X03

Admin Note - Chart Review encounter performed at Health Services.

**Administrative Notes:****ADMINISTRATIVE NOTE 1**

Provider: Ayers, Jessie PA-C

Inmate requesting to have ibuprofen renewed. He has been compliant with medication in the past and is awaiting surgery.

**Renew Medication Orders:**

**Rx#**                      **Medication**  
176069-LEW      Ibuprofen 600 MG Tab

**Order Date**  
10/24/2017 06:51

**Prescriber Order**  
Take one tablet (600 MG) by  
mouth three times daily with food  
AS NEEDED PRN x 180 day(s)

**Indication:** Shoulder (pain in joint, shoulder region)

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Ayers, Jessie PA-C on 10/24/2017 06:52

**Clinical Encounter - Administrative Note**

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Inmate Name:	RAMIREZ, ERNESTO ALONZO	Reg #:	81642-079
Date of Birth:	12/16/1976	Sex:	M Race: WHITE
Note Date:	11/20/2017 06:55	Provider:	Ayers, Jessie PA-C
		Facility:	LEW
		Unit:	X03

Admin Note - Medication Reconciliation encounter performed at Health Services.

**Administrative Notes:****ADMINISTRATIVE NOTE 1****Provider:** Ayers, Jessie PA-C

Inmate requesting renewal of his lactulose. He has been compliant in the past and suffers from frequent constipation. Will renew.

**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
177496-LEW	Lactulose Soln (473 ML) 10 GM/15 ML	11/20/2017 06:55	Take 2 tablespoonfuls (30mL) by mouth each day Take with a glassful of water x 30 day(s)

**Indication:** Rectal prolapse**Copay Required:** No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Ayers, Jessie PA-C on 11/20/2017 06:56

Inmate Name:	RAMIREZ, ERNESTO ALONZO	Sex:	M	Reg #:	81642-079
Date of Birth:	12/16/1976	Provider:	Creveling, Amy RN	Race:	WHITE
Encounter Date:	01/06/2018 08:23			Facility:	LEW

Reviewed by Ayers, Jessie PA-C on 01/08/2018 05:07.



Inmate Name: RAMIREZ, ERNESTO ALONZO

Reg #: 81642-079

Date of Birth: 12/16/1976

Sex: M Race: WHITE

Facility: LEW

Encounter Date: 01/06/2018 08:23

Provider: Creveling, Amy RN

Unit: B01

Nursing - Evaluation encounter performed at Health Services.

**SUBJECTIVE:****COMPLAINT 1** Provider: Creveling, Amy RN**Chief Complaint:** Abdominal Pain**Subjective:** Pressure mid abdomen**Pain:** Yes**Pain Assessment**

**Date:** 01/06/2018 08:24  
**Location:** Abdomen - Suprapubic  
**Quality of Pain:** Pressure-like  
**Pain Scale:** 4  
**Intervention:** Reposition  
**Trauma Date/Year:** 2014  
**Injury:** hx. shoulder surgery  
**Mechanism:**  
**Onset:** 12-24 hours  
**Duration:** 12-24 Hours  
**Exacerbating Factors:** Palpation  
**Relieving Factors:** Rest  
**Comments:**

**OBJECTIVE:****Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
01/06/2018	08:26 LEW	98.6	37.0	Oral	Creveling, Amy RN

**Pulse:**

Date	Time	Rate Per Minute	Location	Rhythm	Provider
01/06/2018	08:26 LEW	83	Via Machine		Creveling, Amy RN

**Respirations:**

Date	Time	Rate Per Minute	Provider
01/06/2018	08:26 LEW	16	Creveling, Amy RN

**Blood Pressure:**

Date	Time	Value	Location	Position	Cuff Size	Provider
01/06/2018	08:26 LEW	117/73	Right Arm	Sitting	Adult-large	Creveling, Amy RN

**Exam:****General****Affect**

Yes: Cooperative, Anxious

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Writting in Pain, Pale, Diaphoretic, Disheveled

**Skin**

**General**

Yes: Dry, Skin Intact, Warmth

**Abdomen**

**Inspection**

Yes: Scar(s)

No: Bulges, Mass(es), Hernia(s), Trauma, Distension

**Palpation**

Yes: Soft, Tenderness on Palpation, Midline Tenderness

No: Guarding, Rigidity, Rebound Tenderness, Mass(es)

**ASSESSMENT:**

Alteration in comfort

I/M with c/o feeling a "rip" under his midline abdominal healed incision. I/M reports that he was standing up from a laying position when he felt this. I/M points to his suprapubic area when asked where the pain is and states that he feels like there is a lump under his skin with a constant feeling of pressure. VS obtained and stable. Abdomen inspected and palpated, with no abnormal findings. I/M denies blood in urine or stool and denies difficulty urinating or having a BM. I/M advised to follow up with PA-C on Monday and rest the rest of the weekend. I/M advised to have HSU contacted for any change/worsening of symptoms. I/M conveyed understanding. I/M escorted back to housing unit without incident.

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

Return Immediately if Condition Worsens

**Patient Education Topics:**

**Date Initiated Format**

01/06/2018 Counseling

**Handout/Topic**

Access to Care

**Provider**

Creveling, Amy

**Outcome**

Verbalizes  
Understanding

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by Creveling, Amy RN on 01/06/2018 08:36

Requested to be cosigned by Edinger, Andrew MD/CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Ayers, Jessie PA-C.

Review documentation will be displayed on the following page.

Inmate Name: RAMIREZ, ERNESTO ALONZO

Reg #: 81642-079

Date of Birth: 12/16/1976

Sex: M Race: WHITE

Facility: LEW

Encounter Date: 01/08/2018 08:09

Provider: Ayers, Jessie PA-C

Unit: B01

Mid Level Provider - Follow up Visit encounter performed at Health Services.

**SUBJECTIVE:****COMPLAINT 1** Provider: Ayers, Jessie PA-C**Chief Complaint:** Abdominal Pain**Subjective:** Inmate states that over the weekend he moved and "felt like his insides tore". Inmate was seen by nursing staff with no significant findings. Inmate states that he is concerned that his internal incision tore from his surgery. Inmate denies any change in pain, change in bowel movements or nausea.**Pain:** Yes**Pain Assessment****Date:** 01/06/2018 08:24**Location:** Abdomen - Suprapubic**Quality of Pain:** Pressure-like**Pain Scale:** 4**Intervention:** Reposition**Trauma Date/Year:** 2014**Injury:** hx. shoulder surgery**Mechanism:****Onset:** 12-24 hours**Duration:** 12-24 Hours**Exacerbating Factors:** Palpation**Relieving Factors:** Rest**Comments:****OBJECTIVE:****Exam:****General****Affect**

Yes: Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Jaundiced, Lethargic, Appears in Pain, Diaphoretic

**Eyes****General**

Yes: Extraocular Movements Intact

**Pulmonary****Observation/Inspection**

No: Respiratory Distress

**Cardiovascular****Observation**

Yes: Within Normal Limits

**Abdomen**

**Inspection**

Yes: Scar(s)

**Palpation**

Yes: Soft

No: Guarding, Tenderness on Palpation

**Exam Comments**

Inmate with palpable small hernia directly above scar from lower abdominal surgery. Hernia is completely reducible and nontender.

**ASSESSMENT:**

Unspecified abdominal hernia, K469 - Current - *incisional hernia of lower abdomen*

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

Inmate instructed to monitor hernia for worsening and educated on signs to look for if it would become incarcerated. Inmate may use ibuprofen as needed for discomfort.

Patient allergies reviewed and updates applied during this visit if indicated. See Chart: Allergies for most recent patient allergy list.

**Patient Education Topics:**

**Date Initiated Format**

01/08/2018 Counseling

**Handout/Topic**

Plan of Care

**Provider**

Ayers, Jessie

**Outcome**

Attentive

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Ayers, Jessie PA-C on 01/08/2018 08:15

**USP Lewisburg LEW**

Patient: **RAMIREZ, ERNESTO (Male)**  
Register#: **81642-079**  
Date: **01/09/18 07:41**  
Slice count: **2**  
History: **hx of hernia. Abd pain.**  
Priors:  
Exams: **FILM ABDOMEN**  
Referring Phy: **AYERS**  
Ordering Phy:  
Ordering Phy #:  
Accession Numbers: **202#BOP616720176**

DOB: **12/16/76**  
Age: **41**  
Status: **OP**

**Final Report**

**Exam: FILM ABDOMEN**

**HISTORY: Abdominal pain**

**TECHNIQUE: 2 views obtained**

**COMPARISON: No prior imaging available**

**FINDINGS: There is no bowel obstruction. There is constipation. There is no evidence of organomegaly, abnormal calcifications or obvious soft tissue masses. The osseous structures are intact.**

**IMPRESSION:**

**Constipation; otherwise, unremarkable abdominal radiographs.**

Radiologist: **Maurice Yu, MD**

Study ready at 09:00 and initial results transmitted at 12:41

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Inmate Name: RAMIREZ, ERNESTO ALONZO

Reg #: 81642-079

Date of Birth: 12/16/1976

Sex: M

Race: WHITE

Scanned Date: 01/12/2018 07:28 EST

Facility: LEW

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Reviewed by Edinger, Andrew MD/CD on 01/12/2018 09:32.

Mid Level Provider - Follow up Visit encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Ayers, Jessie PA-C

**Chief Complaint:** Abdominal Pain

**Subjective:** Inmate states that abdominal pain has gotten worse and seems to be "moving". Inmate states yesterday pain was right under his belly button but now feels as though it is more to the right of his abdomen. Inmate feels he needs emergent evaluation due to "his bowels leaking into his abdomen". Inmate denies any fevers, blood in stool, nausea or vomiting.

**Pain:** Yes

**Pain Assessment**

**Date:** 01/09/2018 07:39  
**Location:** Abdomen-RLQ  
**Quality of Pain:** Sharp  
**Pain Scale:** 7  
**Intervention:** none  
**Trauma Date/Year:** 2014  
**Injury:** hx. shoulder surgery  
**Mechanism:**  
**Onset:** 3-5 Days  
**Duration:** 3-5 Days  
**Exacerbating Factors:** sitting, laying down  
**Relieving Factors:** none  
**Comments:**

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Jaundiced, Lethargic, Appears in Pain, Diaphoretic

**Eyes**

**General**

Yes: Extraocular Movements Intact

**Pulmonary**

**Observation/Inspection**

No: Respiratory Distress

**Cardiovascular**

**Observation**

Yes: Within Normal Limits

**Abdomen**

**Auscultation**

Yes: Normo-Active Bowel Sounds

**Palpation**

Yes: Soft, Midline Tenderness

No: Guarding, Rebound Tenderness

**Exam Comments**

Inmate with mild incisional herniation at incision below navel. Herniation is fully reducible without erythema or warmth. X-ray obtained which showed large amount of stool in colon. No signs of free air seen on x-ray.

**ASSESSMENT:**

Constipation, unspecified, K5900 - Current

**PLAN:**

**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Citrate Of Magnesia Oral solution	01/09/2018 07:38	1 bottle Orally at bedtime x 1 day(s) – Inmate to drink 1 bottle at night due to refractory constipation

Indication: Constipation, unspecified

**New Radiology Request Orders:**

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Abdomen-1 View	One Time		01/10/2018	Routine
Specific reason(s) for request (Complaints and findings): lower abdominal pain				

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

Inmate appears to have large amount of stool in large colon. Exam was otherwise unremarkable. Will give bowel prep to inmate to help clean out system. He should follow up if no improvement in symptoms in 2-3 days or should symptoms worsen.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/09/2018	Counseling	Plan of Care	Ayers, Jessie	Attentive

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ayers, Jessie PA-C on 01/09/2018 07:46